FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 821882

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business	Mailing Address
3101 Western ave. Seattle wa 98121	P.O. BOX 662 ATT: TAX SEATTLE WA 98111
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90052 027 ***150.00



	,									
Principal Place of Business Mailing Address							i iin) binii dibii dii	ALL BERFFE WIR	iis bibii sanı	
3101 WESTERN AVE. P.O. BOX 662 ATT: TAX			AX							
SEATTLE WA 98121 SEATTLE WA 98111										
						DO NOT WRITE	IN THIS SPA	<u>JE</u>	 1	
						3. Date Incorporated or Qualifed				
		The Adaption Auditoria				09/26/1968 4. FEI Number		LAnn	lied For	
-	lace of Business	2a. Mailing Address				** -			Applicable	
21	W -A-	Suite. Apt. #. etc.				91-0837469	\$!	8.75 Ac		
Suite, Apt.	#, etc.	<u> </u>				5. Certifcate of Status Desired	1 1	Fee Req	1	
City & State		City & State	City & State			6. Election Campaign Financing	_	5.00 M	lav Be	
一 ′	c	28				Trust Fund Contribution	1 1	Added to	· 1	
23 Zip	Country	Zip	Cou	ıntry		8. This corporation owes the curren	nt year Intangit	le		
24	25	29	30			Personal Property Tax.	ĎΥ		□No	
24	9. Name and Address of Current		11			10. Name and Address of New Re	gistered Ager	it		
				81 Nan	ne	-				
THE	PRENTICE-HALL CORPORATION	SYSTEM, INC.		82 Stre	ot Addros	ss (P.O. Box Number is Not Acceptab	<u> </u>			
1201	HAYS STREET			82 Stre	et Adure	ss (F.O. Box Number is Not Acceptab	ie)		1	
SUIT	E 105			83						
TALL	AHASSEE FL 32301							1 7:- 0	-do	
				84 City	,		FL 85	i Zip Co	oue	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	tatutes, the a	ibove-nam	ed corpoi	ration submits this statement for the p	urpose of chan	ging its r	egistered	
· office or r	egistered agent, or both, in the State o	of Florida. Such change v	/as authorize	d by the co	orporation	's board of directors. I hereby accept	the appointmen	nt as regi	istered	
agent. la	m familiar with, and accept the obligat	ions of, Section 607.0503	o, Flutida Stat	utes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signat	ure required v	when reinstating)	DATE			
12.	OFFICERS ANI		13.	****		ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTOF	RS IN 12	
TITLE	C	☐ DELET	E 1.1 T	ITLE			□ '	Change	☐ Addition	
NAME	CLINE, ROBERT S.		1.2 N	AME	Į		`		1:	
STREET ADDRESS	3101 WESTERN AVE	•	1.3 S	TREET ADORE	ss					
CITY-ST-ZIP	SEATTLE WA 98121		1.4 C	ITY-ST-ZIP				<u> </u>		
TITLE	EV	☐ DELE1	E 2.1 T	ITLE			T A	Change	Addition	
NAME	FREUDENBERGER, KENT W.		2.2 N	AME			•			
STREET ADDRESS	3101 WESTERN AVE		2.3 S	TREET ADDRE	ESS					
CITY-ST-ZIP	WOODINVILLE WA 98121		2.40	ZITY-ST-ZIP	50	attle WA-9812	<u> </u>			
TITLE	PC	☐ DELET		-		,	X	Change	☐ Addition	
NAME	BRAZIER, ROBERT G		3.2 N	AME					ļ	
STREET ADDRESS	3101 WESTERN AVE		3.3 S	TREET ADDRE	ESS		~ 4			
CITY-ST-ZIP	-MERCER ISLAND WA 98121		3.4. 0	CITY-ST-ZIP	56	eattle WA 9812				
TITLE	EV	☐ DELET	E 4.1 T	MLE			S	C hange	☐ Addition	
NAME	VAN BRUWAENE, R T		4.21	WAME			/-			
STREET ADDRESS	3101 WESTERN AVE		4.3 \$	TREET ADDRE	ESS		~			
CITY-ST-ZIP	MERCER ISLAND WA 98121		4.4 C	ITY-ST-ZIP	150	eattle WA 98	121			
TITLE	VTC	☐ DELET		ITLE	1		X	Change	☐ Addition	
NAME	MICHAEL, LANNY H.		5.2 N	IAME			•	•		
STREET ADDRESS	3101 WESTERN AVE		5.3 S	TREET ADORE	ESS	414			1	
CITY-ST-ZIP	WOODINVILLE WA 98121		5.4 0	TY-ST-ZIP	120	eattle wa 9	1618			
TITLE		☐ DELE	E 6.1 T	TILE		<u> </u>		Change	Addition	
NAME	Dianne Fesst	er Libere	6.2 N	IAME		<i>1</i>				
OTDEET LODGESS	Similar	Aue -	6.3 S	TREET ADDRI	ESS			•	ļ	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: DIAM