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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90038 010 ***150.00

05-9823

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 836255

1. Corporation Name
TAMPA INTERNATIONAL FOREST PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**401 EAST JACKSON ST
 SUITE 2800
 TAMPA FL 33602
 US**

Mailing Address
**PO BOX 4209
 STE. 2800
 PORTLAND OR 97208
 US**

3. Date Incorporated or Qualified
04/28/1976

4. FEI Number
31-0880923 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARLEY, MICHAEL	
STREET ADDRESS	401 EAST JACKSON ST, STE. 2800	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STOYANOV, MILAN	
STREET ADDRESS	10250 SW GREENBURG RD, SUITE 200	
CITY-ST-ZIP	PORTLAND OR	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RATNER, CHARLES	
STREET ADDRESS	10800 BROOKPARK ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, SAM	
STREET ADDRESS	10800 BROOKPARK ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEIL, CARL R. (ASST)	
STREET ADDRESS	1300 SW 5TH STE. 3400	
CITY-ST-ZIP	PORTLAND OR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TONNING, LOIS (ASST)	
STREET ADDRESS	10250 SW GREENBURG RD	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Judy
2.3 STREET ADDRESS	10250 SW Greenburg Rd, Ste. 200
2.4 CITY-ST-ZIP	Portland, OR
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Lois Tanning* SIGNATURE REQUIRED *Lois Tanning* Date _____ Daytime Phone # *503-246-8500*

CR2E034 (1/98)