

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854385

(2)

1. Corporation Name

SPIDER STAGING CORPORATION

TALLAHASSEE, FLORIDA



Principal Place of Business

23500 - 64TH AVE., S.
KENT WA 98032
US

Mailing Address

23500-64TH AVENUE SOUTH
KENT WA 98032
US

ATTN: LEGAL DEPT.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/14/1982

3a. Date of Last Report

03/22/1996

4. FEI Number

91-1334832

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

CARTER, BOB
225 PINEDA ST
#159
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ASST. VP

8/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME TARRANT, RONALD W
STREET ADDRESS 23500 - 64TH AVENUE SOUTH
CITY-ST-ZIP KENT WA

TITLE VD DELETE

NAME CROSS, THOMAS A
STREET ADDRESS 23500 - 64TH AVENUE SOUTH
CITY-ST-ZIP KENT WA

TITLE VP DELETE

NAME LEVY, JEFFRY A.
STREET ADDRESS 23500 - 64TH AVENUE SOUTH
CITY-ST-ZIP KENT WA

TITLE GCSD DELETE

NAME LENESE, JOHN S
STREET ADDRESS 23500- 64TH AVENUE SOUTH
CITY-ST-ZIP KENT WA

TITLE V XX DELETE

NAME ELAINE P SCHERBA
STREET ADDRESS 23500 64TH AVE SO
CITY-ST-ZIP KENT WA

TITLE T DELETE

NAME STEPHEN D REICHENBACH
STREET ADDRESS 23500 64TH SO
CITY-ST-ZIP KENT WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director XX Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 98032 (Addition)

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 98032 200002281242--2

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 98032 (Addition)

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 98032 (Addition)

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 98032 (Addition)

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 98032 (Addition)

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

8/28/97 850-35M

CR2E034 (4/97)