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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mthiham

Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT # F9300000845 (8)

FILED May 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 929 W. SPRAGUE AVENUE SPOKANE WA 99204 SPOKANE WA 99204 SPOKANE WA 992040514					•				
						3. Date incorporated or Qualified	I	e of Last Re	eport
2. Procinal	Place of Business	2a. Mailing Address				02/08/1993 4. FEI Number	<u> U4/1</u>	9/1996	plied For
21 8601 W. Emerald 26						82-0438135			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	• • • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired		\$8.75	
22 Suit		27				o. Certificate of Status Desired	لسا 	Fee Re	quired
City & State City & State						6. Election Campaign Financing		\$5.00	
	e, ID Country	Zip	T C6	untry		Trust Fund Contribution	_ Ц	Added t	
Zφ 24 8370	<u></u>	29	30	uniny		This corporation has liability for Florida Statutes	intangible i		199.032,
24] 03/0	9. Name and Address of Curre		130	7		10. Name and Address of New R			
CT	CORPORATION SYSTEM			81	Name		*.T		
1200 S. PINE ISLAND ROAD				82	Street #	ress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324					0,000,	TO TOO TO THE PROPERTY OF THE	JIBSS (P.O. BOX NOTIDER IS NOT ACCEPTED (9)		
				83					
				B4	City		·	85 Zip (Code
				Ш	,		FL	, ,	
agent 4 SIGNATURE						corporation submits this statement for the location's board of directors. I hereby accor- required when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	STD	DELETE 1.11				L		Change	Addition
NAME	GREG GORDON			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
Dily-St-ZiP Tille	MEAD WA	DELETE		ITTY-S	1-ZIP	Vice President/Directo	r	X Change	Addition
NAME	1 **	SNDIFUR, PHILIP E 1108 27TH AVE 2		2.2 NAME Ph: 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		Philip Sandifur	-	Onlingo	L_ Naomon
STREET ADORESS						•			
CITY-ST-ZIP	SPOKANE WA								
1011	P	DELETE		IITLE		President/Director		Change	Addition
NAME	TURNER, TOM		321	NAME	{				
STREET ADDRESS					ADDRESS				
CITY - SI - ZIP	SPOKANE WA	T an ex		CITY-S	ST-ZIP			71 ob	A 3.35v
TITLE	D DOTTED DOREDY	DELETE	4	TITLE				Change	Addition
NAME SERVICE AND MAKE	POTTER, ROBERT			NAME	ADDDEAN	Root 4424 Cold+ Book	D.A		
STREET ADDRESS	POBOX 850 COUER DA'LENE ID		- 8	4.3 STREET ADDR		East 4424 Split Rock Hayden Lake ID 83835	va		
CHY-ST-ZIP THLE	OOOFU D V FEIJE ID	DELETE		5.1 TITLE		myden bake in 00000		Change	Addition
NAME		3		NAME	1				
STREET ADORESS			- 8		ADDRESS				
DITY-ST-75P									
			541	STY-S	T-ZIP				
Tifel		DELETE		CITY - S	T-ZIP			Change	Addition
		☐ DELETE	6.11		T-ZIP		<u></u>	Change	Addition
Tifel		DELETE	6.1 l 6.2 l	TITLE NAME	T-ZIP ADDRESS			Change	Addition
TITCE NAME		DELETE	6.1 1 6.2 I 6.3 1	TITLE NAME	ADORESS			Change	Addition

I do increby certify that the irriormation supplied with this liting does not quality 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 an attachment with an address.

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DECEMBER OF DESCRIPTION DESCR