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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9300000845 (8) DOCUMENT #

SUMMIT SECURITIES. INC. Principal Place of Business Mailing Address 8601 W. EMERALD 829 W. SPRAGUE AVENUE SPOKANE WA 88204 DO NOT WRITE IN THIS SPACE BOISE ID 83704 3. Date Incorporated or Qualified 02/08/1993 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 82-0438135 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zηρ Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 FI 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 raises of tegestered agent and little if applicable (NOT). Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. Addition DELETE Change TITLE 1.1 TITLE **GREG GORDON** NAME 1.2 NAME E 4701 PINEGLEN RD 929 W Sprague Avenue STREET ADDRESS 1.3 STREET ADDRESS MEAD WA Spokane, WA 99201 CITY-ST-ZIP 1.4 City-St-ZiP DELETE 21 TITLE Change Addition TITLE SANDIFUR, PHILIP NAME 2.2 NAME E 1108 27TH AVE STREET ADDRESS 2.3 STREET ADDRESS 929 W. Sprague Avenue SPOKANE WA Spokane, WA 99201 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE X Change Addition TITLE 3 1 TITLE TURNER, TOM NAME 3.2 NAME 2126 SOUTH "D" 929 W. Sprague Avenue STREET ADDRESS 3.3 STREET ADDRESS SPOKANE WA Spokane, WA 99201 CITY-ST-ZIP 3.4. C(TY - ST - Z(P DELETE Change ■ Addition TITLE 4.1 TITLE POTTER, ROBERT NAME 4. 2 NAME EAST 4424 SPLIT ROCK RD. STREET ADDRESS 4.3 STREET ADDRESS HAYDEN LAKE ID 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP DELETE Addition TITLE 6.1 TITLE

14. Thereby 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 armual 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 chapter 607, or on an attractment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

Greg Gordon, Sec/Trea.

4/16/98

FILED

May 01 1998 8:00am

Secretary of State

509.838.3111