

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

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004772 (0)

1. Corporation Name

INTERWEST FINANCIAL ADVISORY, INC.

Principal Place of Business

300 OSWEGO POINTE DR.  
SUITE 200  
LAKE OSWEGO OR 97034

Mailing Address

300 OSWEGO POINTE DR.  
SUITE 200  
LAKE OSWEGO OR 97034-3229



<b>2. Principal Place of Business</b> 21 4650 SW MACADAM Suite, Apt. #, etc. 22 SUITE 400 City & State 23 PORTLAND OR Zip 24 97201 Country 25 MULTNOMAH		<b>2a. Mailing Address</b> 26 4650 SW MACADAM Suite, Apt. #, etc. 27 SUITE 400 City & State 28 PORTLAND OR Zip 29 97201 Country 30 MULTNOMAH		<b>3. Date Incorporated or Qualified</b> 10/21/1993	<b>3a. Date of Last Report</b> 06/03/1996
		<b>4. FEI Number</b> 93-0859215		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> PETERSON, RENNO 2 N TAMiami TRAIL ONE SARASOTA TOWER, SUITE 606 SARASOTA FL 34236				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, ROBERT L	1.2 NAME	
STREET ADDRESS	300 OSWEGO POINTE DR., #200	1.3 STREET ADDRESS	4650 SW MACADAM # 400
CITY-ST-ZIP	LAKE OSWEGO OR 97034-3226	1.4 CITY-ST-ZIP	PORTLAND OR 97201
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, LYNN	2.2 NAME	
STREET ADDRESS	300 OSWEGO POINTE DR., #200	2.3 STREET ADDRESS	4650 SW MACADAM # 400
CITY-ST-ZIP	LAKE OSWEGO OR 97034-3226	2.4 CITY-ST-ZIP	PORTLAND OR 97201
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, RONALD	3.2 NAME	
STREET ADDRESS	1220 MAIN STREET, SUITE 435	3.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER WA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

503-224-0782

Date

Daytime Phone #

CR2E034 (9/96)