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May 06 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001112 (1)

1. Corporation Name

CONTINENTAL MILLS, INC.

Principal Place of Business

PO BOX 88176
TUKWILA WA 98138

Mailing Address

PO BOX 88176
SEATTLE WA 98138-2176
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

02/21/1996

4. FEI Number

91-0186630

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
HEILY, JOHN M
18125 ANDOVER PK. W.
TUKWILA WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
WISE, RONALD
18125 ANDOVER PK. W.
TUKWILA WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
BERRY, CHARLES
18125 ANDOVER PK. W.
TUKWILA WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
HARRIS, MARK
18125 ANDOVER PK. W.
TUKWILA WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
REISHUS, CINDY
18125 ANDOVER PK. W.
TUKWILA WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
HERSHBERGER, JAMES M
18125 ANDOVER PK. W.
TUKWILA WA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

Change Addition

VICE PRESIDENT

Change Addition

VICE PRESIDENT

Change Addition

VICE PRESIDENT

Change Addition

VICE PRESIDENT

Change Addition

VICE PRESIDENT

Change 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]

4-22-97 (2-3) 872-8400

CR2E034 (9/96)