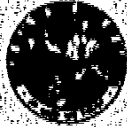


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 PH 7: 31**

**DOCUMENT # F94000001248 (3)**

1. Corporation Name  
**KENT INVESTMENT OF WASHINGTON CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**SUITE 288-C      SUITE 288-C**  
**18541 REDMOND WAY      18541 REDMOND WAY**  
**REDMOND WA 98052      REDMOND WA 98052**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/11/1994      3/31/94**

4. FEI Number      Applied For  
**91-1513708      Not Applicable**

6. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      29. Country

9. Name and Address of Current Registered Agent  
**ARNOT, HELMUT**  
**15254 WESTMINSTER**  
**CLEARWATER FL 34620**

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 re-registering)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>KENT, LINDA</b>
STREET ADDRESS	<b>18541 REDMOND WAY, #288-C</b>
CITY-ST-ZIP	<b>REDMOND WA 98052</b>
TITLE	<b>V</b>
NAME	<b>KENT, LISA</b>
STREET ADDRESS	<b>18541 REDMOND WAY, #288-C</b>
CITY-ST-ZIP	<b>REDMOND WA 98052</b>
TITLE	<b>C</b>
NAME	<b>KENT, WILLIE</b>
STREET ADDRESS	<b>18541 REDMOND WAY, #288-C</b>
CITY-ST-ZIP	<b>REDMOND WA 98052</b>
TITLE	<b>V</b>
NAME	<b>Steven R. Kent</b>
STREET ADDRESS	<b>16541 Redmond Way, #288-C</b>
CITY-ST-ZIP	<b>Redmond, WA 98052</b>
TITLE	<b>V</b>
NAME	<b>Daniel C. Kent</b>
STREET ADDRESS	<b>16541 Redmond Way, #288-C</b>
CITY-ST-ZIP	<b>Redmond, WA 98052</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Linda Kent*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**LINDA KENT**

**3/14/95**      **206-861-6969**  
Date      Telephone Number