

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001248 (3)**

1. Corporation Name

**KENT INVESTMENT OF WASHINGTON CORP.**



Principal Place of Business

SUITE 288-C  
 16541 REDMOND WAY  
 REDMOND WA 98052

Mailing Address

SUITE 288-C  
 16541 REDMOND WAY  
 REDMOND WA 98052

2. Principal Place of Business

21 9625 153RD AVE. N.E.

State, Apt. #, etc.

22 City & State

23 REDMOND, WA

24 Zip

98052

25 Country

USA

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

98052

29 Country

USA

30

9. Name and Address of Current Registered Agent

ARNDT, HELMUT  
 15254 WESTMINSTER  
 CLEARWATER FL 34620

3. Date Incorporated or Qualified  
**03/11/1994**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**91-1513706**

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

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 607.1502, 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

(Type or Print Name of Signer)

Date

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P KENT, LINDA</b>
STREET ADDRESS	<b>16541 REDMOND WAY, #288-C</b>
CITY, ST, ZIP	<b>REDMOND WA 98052</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V KENT, LISA</b>
STREET ADDRESS	<b>16541 REDMOND WAY, #288-C</b>
CITY, ST, ZIP	<b>REDMOND WA 98052</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>C KENT, WILLIE</b>
STREET ADDRESS	<b>16541 REDMOND WAY, #288-C</b>
CITY, ST, ZIP	<b>REDMOND WA 98052</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V KENT, STEVEN R.</b>
STREET ADDRESS	<b>16541 REDMOND WAY, #288-C</b>
CITY, ST, ZIP	<b>REDMOND WA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V KENT, DANIEL C.</b>
STREET ADDRESS	<b>16541 REDMOND WAY, #288-C</b>
CITY, ST, ZIP	<b>REDMOND WA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 (or powers) to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Linda D. Kent*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 206-861-6961  
 Date Date of Filing

CR2E034 (12/95)