

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # F94000001248 (3)**

1. Corporation Name

**KENT INVESTMENT OF WASHINGTON CORP.**



Principal Place of Business

**9625 153RD AVENUE NE  
 REDMOND WA 98052  
 US**

Mailing Address

**SUITE 288-C  
 16541 REDMOND WAY  
 REDMOND WA 98052**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/11/1994**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ARNDT, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  DELETE  
 NAME **KENT, LINDA**  
 STREET ADDRESS **16541 REDMOND WAY, #288-C**  
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE **V**  DELETE  
 NAME **KENT, LISA**  
 STREET ADDRESS **16541 REDMOND WAY, #288-C**  
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE **C**  DELETE  
 NAME **KENT, WILLIE**  
 STREET ADDRESS **16541 REDMOND WAY, #288-C**  
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE **V**  DELETE  
 NAME **KENT, STEVEN R.**  
 STREET ADDRESS **16541 REDMOND WAY, #288-C**  
 CITY-ST-ZIP **REDMOND WA**

TITLE **V**  DELETE  
 NAME **KENT, DANIEL C.**  
 STREET ADDRESS **16541 REDMOND WAY, #288-C**  
 CITY-ST-ZIP **REDMOND WA**

TITLE **VICE PRESIDENT**  DELETE  ADDITION  
 NAME **DEANISE BOUWELL**  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT**  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE **PRESIDENT**  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **DAVID PURKERSON**  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 *Linda Kent*

*Alvin*

CR2E034 (10/97)