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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003262 (2)

FORTUNA INVESTMENTS, INC.

PURTU	NA INVESTMENTS, INC.						
Principal Plac	e of Business	Mailing Address	·			INITE FREE BYING LIEU (ED)	
341 W. TUDO		POST OFFICE BOX 35					
SUITE 202 SUITE 202							
ANCHORAGE AK 99504		EUREKA CA 95502				DO NOT WRITE IN THIS SPACE	
1,		US			3. Date Incorporated or Qualified		
					06/21/1994		
L		2a. Mailing Address	_		4. FEI Number	Applied For	
21 Subs Ant # 21		26		92-0147972	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, otc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		City & State			A Floring Course Financia		
23 28		 	ony d olaid		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		This corporation owes or has paid the current		
24	25	<u>├─</u> ┐	30			Yes No	
	9. Name and Address of Curre				10. Name and Address of New Registered A		
TH	E PRENTICE-HALL CORPORATI	ON SYSTEM INC	B1	Name			
1201 HAYS ST			90	Ctrool	Address (D.O. Day Missabasia Nict Accordable)		
1	ITE 105		82	Street	Address (P.O. Box Number is Not Acceptable)		
	LLAHASSEE FL 32301		83				
""							
			84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above	named	corporation submits this statement for the purpose of	changing its registered	
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	le of Florida. Such change was a	iuthorized by	the corp	poration's board of directors. I hereby accept the appo	intment as registered	
-	an igning, wan, and goodpe the dong	gations of, decitor derivada, Fie	nida otatotes				
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE	Registered Age	nt signature	required when rainstating) DATE		
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	***		1.1 TITLE			Change Addition	
NAME	arkley, robin p II		1.2 NAME				
STREET ADDRESS	341 W. TUDOR ST		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CiTy - S1	- 2IP			
TILE	V					Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-S	1-7IP			
TITLE	DELETE 3.1		3.1 TITLE		SENIOR VICE PRESIDENT	Change X Addition	
NAME			3.2 NAME		LENDA M. LEAL		
STREET ADDRESS			3.3 STREET	ADDRESS	605 4th STREET		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	EUREKA, CA 95501		
TITLE		☐ DELETE	4.1 TITLE	ĺ		Change Addition	
NAME			4. 2 NAME			í	
STREET ADDRESS			4.3 STREET	ADDRESS			
City-\$t-zip			4.4 CITY - ST	- ZIP			
TITLE	DELETE 5.1		5.1 TITLE	[Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 DITY - ST	- ZIP			
TITLE		☐ DELET E	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			

64 CITY-S1-ZIP

14. I hereby certify that the information supplied with this filling 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 supplied must be provided by 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 fursteer employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, you an area continuous appears in a provided by the corporation of the receiver of the corporation of the corpora

R2E034 (10/97)

FILED

Feb 02 1998 8:00am

Secretary of State