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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15 1997 8:00am Secretary of State

<b>DOCUMENT</b>	#	F95000002160	(8)

Trincipal Place of Business  Mailing Address  1300 DEXTER AVENUE NORTH SUITE 205 SEATTLE WA 99109  Mailing Address  1300 DEXTER AVENUE NORTH SUITE 205 SEATTLE WA 99109  Mailing Address  Mailing Address  SEATTLE WA 99109  Mailing Address  SEATTLE WA 99109					<del></del>					
			-			3. Date Incorporated or Qualified 05/03/1995	,	ate of Last 01/1996	Report	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	_1		Applied For	
21	M - 6	26 Cuito Ast # etc				91-1564585			Not Applicable	
Suite Apt.	. #, Q(C.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>+</b>	Additional Required	
City & Stat	le	City & State				6. Election Campaign Financing		<del></del>	0 May Be	
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	—,	untry		8. This corporation has liability for			s. 199.032,	
24	25 9. Name and Address of Curr	29 29	30	<del>7</del>		Florida Statutes  10. Name and Address of New Re	Yes			
~	CORPORATION SYSTEM	IGHT HOUSTONED WAGHT		81	Name	10. Mains Billy Addiss of New Ne	distance.	Mant	<del> </del>	
	O SOUTH PINE ISLAND ROAD			<b>B2</b>	Street Adde	ess (P.O. Box Number is Not Acceptal	20)			
	INTATION FL 33324			02	Street Moore	ess (F.O. Box Number is Not Acceptar	3 <del>10)</del>			
				83						
				84	City			<b>85</b> Zir	o Code	
					Ť		FL	.     `		
office of i	te the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change w	as aumorize	BO DA	rine corporati	on a doard or directors. I hereby acce	br me abt	oomment a	ss registered	
agent. La SIGNATURE	Signature: Typed or priored name of registered					ed when reinetating)	DATE	<del></del>		
	Signature: Typind or printed name of registered OFF-ICERS A	agent and title if applicable. (					DATE	DIRECTO	DRS IN 12	
SIGNATURE  12.  TITLE	Signature hypind or proved name of registered OFFICERS A	agent and title if applicable. (	NOTE Registers 13.	ed Ager		ed when reinstating)	DATE		DRS IN 12	
SIGNATURE  12. TITUE NAME	Signature hypind or proved name of registered OFFICERS A P WOLFE, WILLIAM	agent and title if applicable. (AND DIRECTORS	13. 1.11	ITLE	int signature require	ed when reinstating)	DATE	DIRECTO	DRS IN 12	
SIGNATURE  12.  THE NAME SIREH ADDRESS	P WOLFE, WILLIAM 1300 DEXTER AVENUE, N.,	agent and title if applicable. (AND DIRECTORS	NOTE Register  13. 1.11 1.24 1.35	od Ager TITLE NAME	nt signature require	ed when reinstating)	DATE	DIRECTO	DRS IN 12	
SIGNATURE  12. THE NAME SIREH ADDRESS CHY-ST-ZEP	P WOLFE, WILLIAM 1300 DEXTER AVENUE, N., SEATTLE WA	eigent and title if applicable. (AND DIRECTORS DELETE DELETE	13. 1.11 1.24 1.35	ed Ager TITLE NAME STREET	nt signature require	ed when reinstating)	DATE	D DIRECTO	DRS IN 12	
SIGNATURE  12.  THE NAME SIREH ADDRESS CHY-SI-ZIF HILE	P WOLFE, WILLIAM 1300 DEXTER AVENUE, N., SEATTLE WA ST	agent and title if applicable. (AND DIRECTORS	13. 1.11 1.24 1.35 1.4 ( 2.11	ITLE IAME STREET	nt signature require	ed when reinstating)	DATE	DIRECTO	DRS IN 12	
SIGNATURE  12.  THE NAME SIREH ADDRESS CHY-SI-ZIF HILE NAME	P WOLFE, WILLIAM 1300 DEXTER AVENUE, N., SEATTLE WA ST DALE, JOEY	egent and title # applicable. ( AND DIRECTORS  DELETE  STE 205	NOTE Registers 13. 1.11 1.24 1.35 1.40 2.11	TITLE NAME STREET STITLE	nt signature require	ed when reinstating)	DATE	D DIRECTO	DRS IN 12	
SIGNATURE  12. HILE NAME SIRELI ADDRESS CITY-ST-ZIP HILE NAME SIRELI ADDRESS	P WOLFE, WILLIAM 1300 DEXTER AVENUE, N., SEATTLE WA ST	egent and title # applicable. ( AND DIRECTORS  DELETE  STE 205	13. 1.11 1.24 1.35 1.46 2.11 2.24 2.35	TITLE NAME STREET STITLE	ADDRESS T-ZIP ADDRESS	ed when reinstating)	DATE	D DIRECTO	DRS IN 12	
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14. I do noreby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(a)(f). Florida Statutes, 1 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 to a find on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

206 284-2378

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