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

DOCUMENT # F96000002797 (6)

VINTAGE NORTHWEST, INC.

						-{	ABIK BBUR III			
Principal Place	Mailing Address				1) 08 11 46 11 46 11 46 11 46 11 46 11 46 11 46 11 46 11 11 11 11 11 11 11 11 11 11 11 11 11					
1909 7TH AVE SUITE 800 SEATTLE WA 98101		1809 7TH AVE SUITE 800 SEATTLE WA 98101-1313								
						3. Date Incorporated or Qualified 06/03/1996	3a. Date	e of Last Re	ep ort	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Ap	plied For	
21		26				91-1326414	No	t Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22		27						Fee Re	·····	
City & State	9	City & State				6. Election Campaign Financing	ing \$5.00 May Be			
Zip	Country	28 Zip	Cour	ntnı		Trust Fund Contribution	_==			
24	 	Country Zip Country 25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No				
24]	9. Name and Address of Curre		30;			10. Name and Address of New Reg				
CT	CORPORATION SYSTEM		1	81 Na	me					
	SOUTH PINE ISLAND ROAD		-	82 St	oot Addre	ess (P.O. Box Number is Not Acceptable	(e)			
	VITATION FL 33324			92 31	eet Addit	ess (r.o. box Nortiber is Not Acceptable	0)			
,			1	83						
			ŀ	84 Ci				85 Zip C	code	
				64 C	ıy		FL	85 Zip C	J006	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	ove-na	med corp	oration submits this statement for the p	urpose of c	hanging Its	s registered	
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida, Such change was a gations of, Section 607.0505, Flo	iutnorized rida Stati	o by the utes.	corporate	on's board of directors. I hereby accep	r tue abbo	amment as	registered	
SIGNATURE										
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		Agent sig	nature require	ad when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.	r. f.		ADDITIONS/CHANGES TO OFFIC		☐ Change	S IN 12 Addition	
TITLE	•	☐ DECEIE	11717				L.	T CHANGE	ווטואטטא ניין	
NAME	HANEN, RICHARD 2114 219TH PLACE NE		1.2 NA							
STREET ADDRESS	REDMOND WA 98053			REET ADD	l l					
CITY - ST - ZIP TITLE	V	DELETE	1.4 CII 2.1 TII	TY-ST-ZIF			т	Change	Addition	
NAME	DASTE', CARY		2.2 NA				•			
STREET ADDRESS	2309 187TH AVENUE NE			REET ADOI	RESS					
CITY-ST-ZIP	REDMOND WA 98053			ITY-ST-ZI	- 1					
TITLE	7,00,000	DELETE	3.1 717		'			Change	Addition	
NAME			3.2 NA	WE						
STREET ADDRESS			3.3 ST	REET ADOI	RESS					
CITY-ST-ZIP			3.4. CI	ITY-ST-21	,					
TITLE		DELETE	4.1 TtT	TLE			[Change	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	reet add	RESS	2 m2				
CITY-ST-ZIP			4.4 CI	TY-ST-21	·					
TITLE		☐ DELETE	5.1 Tri	TLE		tri	ι	Change	Addition	
NAME			5.2 NA	AME						
STREET ADDRESS				reet ad d						
CITY-ST-ZIP		T occurr		TY-ST-ZI	·			Channe	1 dalita -	
TITLE		☐ DELETE	6.1 Til		1		L	Change	Addition	
NAME			6.2 NA							
STREET ADDRESS				reet add						
CHY-ST-ZIP	by cortify that the elemention cons	ied with this filing does not qualif	tor the	TY-ST-ZII	ion stated	in Section 119.07(3)(i), Florida Statutes	s I further	certify that	the	
informatio	on indicated on the annual report of the corporation	r supplemental annual report is to or the receiver or trustee empow	rue and a rered to e	accurate execute	and that this repor	my signature shall have the same lega it as required by Chapter 607, Florida S	l effect as l tatutes; an	if made und d that my r	der oath; that name	
appears i	in Block 12 or Block 13 if changed,	or on an attachment with an add	ress.							

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97

(206)682-8867

Daytime Pho

FILED

Feb 18 1997 8:00am

Secretary of State