

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

FILED
Apr 08 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 # F96000002904 (8)

1. Corporation Name
CASCADIAN FARM, INCORPORATED

Principal Place of Business
719 METCALF ST.
SEDRO-WOOLLEY WA 98284

Mailing Address
719 METCALF ST.
SEDRO-WOOLLEY WA 98284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 91-1404046	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	KAHN, EUGENE B	
STREET ADDRESS	719 METCALF ST.	
CITY-ST-ZIP	SEDRO-WOOLLEY WA 98284	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, JAY H	
STREET ADDRESS	201 SEA PINES LN	
CITY-ST-ZIP	BELLINGHAM WA 98226	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, DANIEL P	
STREET ADDRESS	719 METCALF ST.	
CITY-ST-ZIP	SEDRO-WOOLLEY WA 98284	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROYER, STEPHEN	
STREET ADDRESS	4444 LAKESIDE DR	
CITY-ST-ZIP	BURBANK CA 91505	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, GEOFFREY	
STREET ADDRESS	4444 LAKESIDE DR	
CITY-ST-ZIP	BURBANK CA 91505	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARIANI, ANTHONY	
STREET ADDRESS	3003 SUMMER ST	
CITY-ST-ZIP	STAMFORD CT 06904-7900	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jessy G. Olsen Controller

3/21/98

310 855-0100

CR2E034 (10/97)