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

**CORPORATION** 



DOCUMENT # F96000003699 (3)

KIBBLE & PRENTICE, INC.

Feb 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

**FILED** 

Principal Place of Business		Mailing Address				1 88111 88186 SILLS	<b>.</b>	118 1911 1841	
600 STEWAR		600 STEWART ST #1000							
SEATTLE WA 98101 SEATTLE WA 98101						DO NOT WRITE I	IN THIS SPAC	F	
						3. Date Incorporated or Qualified	11110017101		
						07/22/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21		26				91-0885593		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -		Additional
22	. <u> </u>	27				5. Octobroad of States Desired			equired
City & State	е	City & State				6. Election Campaign Financing			May Be
<b>23</b> Zip	Country	<b>28</b> Zip	Cour	ntn.					to Fees
<del></del>	25	· ·	30	шу		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>		_	angible No
24	9, Name and Address of Currer	29 29 Agent	[30]			10. Name and Address of New Reg			T INO
0.1	CORPORATION SYSTEM	· · · · · · · · · · · · · · · · · · ·		61	Name				
	XX SOUTH PINE ISLAND ROAD		}	_	D) 1 1 1 1 1	(0.0.5. W			
PLANTATION FL 33324				82	Street Addres	ss (P.O. Box Number is Not Acceptable	∌)		
•••			ľ	83					
					~				0-1-
				84	City		FL 85	Zip (	Code
office or re agent. I a	egistered agent, or both, in the Stale m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Statu	l by t utes.	the corporatio	ration submits this statement for the pu on's board of directors. I hereby accept	the appointme	ging it ent as	registered registered
	Signature, typed or printed name of registered ago	<del></del>	_	Ageni	I signature required		DATE	CTOD	C IN 10
TITLE	OFFICERS AN	DELETE	13.	I F		ADDITIONS/CHANGES TO OFFICE	CI		Addition
NAME	KIBBLE, EDWARD B	<del>-</del>		1.2 NAME			<u> </u>	iange	
STREET ADDRESS	600 STEWART ST #1000				.DDRESS				
CITY-ST-ZIP	SEATTLE WA 98101		1.4 CITY-5						
TITLE	DCV	DELETE	2.1 TIT		20		C	hange	Addition
NAME	PRENTICE, ARLEN I		2.2 NA	ME					
STREET ADDRESS	600 STEWART ST #1000		2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	SEATTLE WA 98101		2.4 CI	IY-ST	- ZIP				
TITLE	DT	☐ DELETE	3.1 TITI	LE			☐ CI	nange	Addition
NAME	STAURT, F CRAIG		3.2 NA	ME	-				
STREET ADDRESS	600 STEWART ST #1000		3.3 STREET		DDRESS				
CITY-ST-ZIP	SEATTLE WA 98101		3.4. CII	IY-ST-	- ZIP				
TITLE	DS	☐ DELETE	4.1 TITI	LE				nange	
NAME	COWLES, DALE L		4. 2 NA						
STREET ADDRESS	600 STEWART ST #1000		4.3 STRE		DDRESS				
CITY-ST-ZIP	SEATTLE WA 98101	Florers	4.4 CIT		ZiP		·	hance	
TITLE		☐ DELETE	5.1 TITI				☐ CI	iange	☐ Addition
NAME			5.2 NAI						
STREET ADDRESS					DDRESS				
CITY+ST-ZIP		DELETE	54 CIT		ZIP		□ CI	nance	Addition
TITLE		⊢ DEFE	6.1 TITU 6.2 NA					เมเฟิธ	Rountell
NAME expect annesee	<b>\</b>				UUBESS				

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 trust c 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.