**FILED** 

Mar 06, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600003699

	KIBBLE &	& PRENTICE, INC.							
Principal Place of Business Mailing Address							( ) 55   152   110   151	••••••	
600	STEWART S	ST #1000	600 STEWART ST						
SEATTLE WA 90101 SEATTLE WA 90101							DO NOT WRITE IN THIS SI	PACE	
							3. Date Incorporated or Qualifed	- NOL	
							07/22/1996		
2	Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FEI Number	Ap	plied For
21	1 Imolpai 7 I	add of Eddings	26				91-0885593	No	t Applicable
21	Suite, Apt.	#_etc.	Suite, Apt. #	etc.				\$8.75	Additional
22		27					5. Certificate of Status Desired Fee Required		
<u> </u>	City & State		City & State				6. Election Campaign Financing S5.00 May Be		
23	,		28				Trust Fund Contribution	Added 1	o Fees
	Zip	Country Zip		Country			8. This corporation owes the current year Intangible		
24	·	25	29	30			Personal Property Tax.	] Yes	⊠‰
		9. Name and Address of Curre					10. Name and Address of New Registered Ag	ent	•
C T CORPORATION SYSTEM					81	Name			
					82	82 Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD									
PLANTATION FL 33324					83				
					84	City		85 Zip (	Code
							FL		
11	office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such chan	ne was autho	MIZEA DV	the cornorat	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointr	anging its nent as re	registered gistered
SI	GNATURE						·		
		Signature, typed or printed name of registered age		(NOTE: Reg		nt signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DC IN 12
12			ND DIRECTORS	ELETE	13.	<del></del>		Change	Addition
TIT	1	DCP		EEEIE	1.1 TITLE	1	<b>'</b>	01101190	[] / ILLINO
NAI		KIBBLE, EDWARD B			1,2 NAME				
STF	REET ADDRESS	600 STEWART ST #1000				T ADDRESS			
	Y-ST-ZIP	SEATTLE WA 98101			1.4 CITY-S	T-ZIP		Change	Addition
TIT	LE	DCV		ELETE	2.1 TITLE		'	Change	☐ Accinon
NA	_	PRENTICE, ARLEN I			2.2 NAME		•		
ST	REET ADDRESS	3			2.3 STREET ADDRESS				
	Y-ST-ZIP				2. 4 CITY-ST-ZIP			Change	Addition
TIT	LE	DT DELETE		ELETE	3.1 TITLE		'		
NAI	ME	STAURT, F CRAIG			3.2 NAME		•		
ST	REET ADDRESS	600 STEWART ST #1000			3.3 STREE	TADDRESS			
CIT	Y-ST-ZIP	SEATTLE WA 98101			3.4, CITY-5	ST- ZIP		Chanci	□ Addition
TIΠ	LE	DS		ELETE	4.1 TITLE			☐ Change	☐ Addition
NAJ	ME	COWLES, DALE L			4. 2 NAME				

6.4 CITY-ST-ZIP 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 appendixes, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

600 STEWART ST #1000

SEATTLE WA 98101

RIGIDINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ Change

Change

\_\_\_ Addition

Addition