


RECEIVED JAN 30 1998

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

FILED
Jan 29 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 # F97000003325 (4) 1. Corporation Name TECNET WEST, INC.		

Principal Place of Business PO BOX 58008 TUKWILA WA 98138	Mailing Address PO BOX 58008 TUKWILA WA 98138
---	---

2. Principal Place of Business 21 3016 LINCOLN CT Suite, Apt. #, etc. 22 City & State 23 GARLAND TX Zip 24 75041	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA 30
---	--

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS	
TITLE	CP FAIL, JOSEPH D 236 E. CAPITOL ST. JACKSON MS 39201 CITY-ST-ZIP
TITLE	DV FRANK, WALTER J JR. 236 E. CAPITOL ST. JACKSON MS 39201 CITY-ST-ZIP
TITLE	V HELEA, ROBERT J 236 E. CAPITOL ST. JACKSON MS 39201 CITY-ST-ZIP
TITLE	ST SKELTON, D. WAYNE 236 E. CAPITOL ST. JACKSON MS 39201 CITY-ST-ZIP
TITLE	
TITLE	

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: Robert J. Helea VP 1/13/98 601-354-9070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1997
4. FEI Number 64-0747102
5. Certificate of Status Desired 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No

10. Name and Address of New Registered Agent
--

CR2E034 (10/97)