PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003420

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90008 014 ***150.00

PREMIER INDUSTRIES, INC.											
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Principal Place of Business Mailing Address											
1019 PACIFIC AVE. SUITE 1501 1019 PACIFIC AVE. STACOMA WA 98402 TACOMA WA 98402				ITE 1501			DO NOT	WRITE IN THIS SPA	ACE.		
								3. Date incorporated or Qua		HUE	
								07/01/1997	imod		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			plied For	
21			26					91-1334428			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desir	ed gar	68.75 A Fee Re	Additional quired	
City & State			City & St	City & State				6. Election Campaign Financing 55.00 May Be			
23			28					Trust Fund Contribution Added to Fees			
Zip	_	Country	Zip		Country	У		8. This corporation owes the			_
24	25		[29]		30		•	Personal Property Tax.			□No
	9. Name an	d Address of Current	t Registered Age	int	81	Name		10. Name and Address of N	lew Registered Age	nt	
COE	RPORATION SE	ERVICE COMPANY	Part Sur Shart Sur Sur Sur	<i>-</i>	07	Name	,				
120	I HAYS STREE	ET ^{O, More}			82	Street	t Addres	ss (P.O. Box Number is Not Ac			
Tali	LAHASSEE FL				83	3				111, 313, 6	3648644
	4.4				-	1 011		1. [4] [4] [4] [4]	机 解明 建山铁川 斯里		160 151 151
1010 050000	BOOK BOOK STORES	06'60. 6 %	To a solution	A		1		•	FL T	5 Zip C	
11. Pursuant	to the provisions	or both; in the State of	2 and 607.1508,,F	Torida Statute	es, the above	e-named	d corpor	ation submits this statement fo 's board of directors. I hereby a	r the purpose of char	nging its i	registered
agent. I a	m familiar with,	and accept the obligat	tions of Section 6	OT DEAE FIRE	dide Casa de	oop		a bodia of directors: I ficiology	accept and appearant	,,,, do , og	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				07.0305, FIOI	ida Statutes	5.					
SIGNATURE	4	en e dit vett in 1900. Grand	•							:	: '
	4	inted name of registered agent	t and title if applicable.		Registered Age			when reinstating)	DATE		:
12.	Signature, typed or pr	en e dit vett in 1900. Grand	t and title if applicable. D DIRECTORS	(NOTE:	Registered Age			when reinstating).	DATE O OFFICERS AND D	IRECTO	RS IN 12
12.	Signature, typed or pr	inted name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS		Registered Age 13. 1.1 TITLE			when reinstating)	DATE O OFFICERS AND D		:
12. TITLE NAME	Signature, typed or pr	OFFICERS AND	t and title if applicable. D DIRECTORS	(NOTE:	Registered Age 13. 1.1 TITLE 12 NAME	nt signature	required w	when reinstating).	DATE O OFFICERS AND D	IRECTO	RS IN 12
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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 rura 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 with all other like empowered.