

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
 07-27-1999 90026 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000004608**

1. Corporation Name  
**ABBOTTSFIELD INDUSTRIAL TRAINING, INC.**



Principal Place of Business: 10157 SW BARBUR BLVD. STE 200-C PORTLAND OR 97219  
 Mailing Address: 10157 SW BARBUR BLVD. STE 200-C PORTLAND OR 97219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/03/1997**  
 4. FEI Number: **91-1459332**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
**DINWIDDIE, SHARON**  
**221 MCKENZIE AVE**  
**PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	ILICA, PETRU	
STREET ADDRESS	16055-B BOONES FERRY RD STE 300	
CITY-ST-ZIP	LAKE OSWEGO OR 97035	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	ILICA, LILIANA	
STREET ADDRESS	16055-B BOONES FERRY RD STE 300	
CITY-ST-ZIP	LAKE OSWEGO OR 97035	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Peter &amp; Liliana ILICA</b>
2.3 STREET ADDRESS	<b>3 Monroe Parkway, Suite P</b>
2.4 CITY	<b>Lake Oswego, Oregon 97035-8875</b>
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: \_\_\_\_\_ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **7-20-99** Daytime Phone #: **503-244-483**

CR2E034 (5/99)



F97000004608  
596652-90026-39

Suite 200 C, 10157 S.W. Barbur Boulevard  
Portland, Oregon 97219-5910

Phone: (503) 244-0183

FAX: (503) 244-0324

FL Dep of State

7-20-99

To Whom It May Concern:

Please accept our company's 1999 Annual Report at this date, as I have not received your first mailing.

Please call me if I may provide additional information.

Thank you.

Sincerely,

Mico