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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005807 (9)

KIRKWOOD RODELL ASSOCIATES, P.S.

Principal Place of Business Mailing Address 221 N. WALL ST, SUITE 210 221 N. WALL ST. SUITE 210 SPOKANE WA 99201 SPOKANE WA 98201

FILED May 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zω Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD **B2** Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 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 (NOT) Registered Agent signature required when reinstating) ÖLLICÉRS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TITLE DELETE 1.1 HD F Change Addition KIRKWOOD, CALLA NAME 1.2 NAME CR2E034 221 N. WALL ST, SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS **SPOKANE WA 99201** CITY-ST-ZIP 14 CHTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RODELL, SAMUEL E NAME 2.2 NAME 221 N. WALL ST, SUITE 210 STREET ADDRESS 2.3 STREET ADDRESS SPOKANE WA 99201 CATY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF DELETE Addition 5.1 1HTLF Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

14. Thereby 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Changed, or on an attainment with an address.

all last