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

PROFIT CORPORATION ANNUAL REPORT **1998** 



FI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48825

(9)

TROUT CORP.

FILED Mar 11 1998 8:00am Secretary of State

| Principal Place of Business  MPETER JACOBSEN PROD.  8700 S.W. NAMBUS STE. #B BEAVERTON OR 97008 US  |   | 8700 S.W. NIMBUS   | *PETER JACOBSEN PROD.<br>8700 S.W. MIMBUS STE. #B<br>BEAVERTON OR 87008  |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/02/1988                         |  |  |
|---|---|--|--|--|--|--|--|
|   | Place of Business   | 2a. Mailing Address  |  |  | 4. FEI Number  |  | plied For                              |
| Suite, Apt.   | # pic   | [26]<br>Suite, Apl. #, etc   |  |  | 65-0089640   | \$8.75 A                                 | t Applicable                           |
| 22  |   | 27   |  |  | <b>5</b> , Certificate of Status Desired   | Fee Re                                   |  |
| City & Stat   | le  | City & State   |  |  | 8. Election Campaign Financing   | \$5.00                                   |  |
| <b>23</b> Zip   | Country   | 28 Zip   | Count  |  | Trust Fund Contribution  | Added to                                 |  |
| 24  | 25  | 29   | 30   | y  | <ol> <li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li> </ol> |  | angible<br>No                          |
|   | g. Name and Address of Cu   |  |  | <del></del>  | 10. Name and Address of New Register   | red Agent                                |  |
| LYE, MARK<br>15533 FIDDLESTICKS BLVD.<br>FT. MYERS FL 32301   |   |  | 8 6:<br>8:   | 2 Street Add   | dress (P.O. Box Number is Not Acceptable)  | <b>85</b> Zip (                          | Code                                   |
| BUUTH. I &  |   | JDRGAUONS OL Section 607.000   | )5. Florida Statuti  | ve-named cor<br>by the corpora<br>es.  |  |  |  |
| SIGNATURE   | Signature typed or protect has a of regulers OFFICERS                               | S AND DIRECTORS  | (NOTE Hegislered A   | es.<br>gent signature requ   | ured when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A                                       | AND DIRECTOR                             |  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | OFFICERS  DP  JACOBSEN, PETER  16 DOVER WAY   | estange of and fille if apply able   | (NOTE Augustered A 13. E 1.1 TITLE 1.2 NAME 1.3 STREE  | point signature requirements for the signature requirements fo |  |  | S IN 12                                |
| SIGNATURE  12. TITLE NAME   | Signature typed or protect har a of right less OFFICE RS  DP JACOBSEN, PETER        | estagest and blic thapps able<br>SAND DIRECTORS  | (NOTE Registered A 13. E 1.1 TILLE 1.2 NAME 1.3 STRE 1.4 CITY-   | es,  point signature requ  ET ADDRESS -ST-ZIP  |  | AND DIRECTOR                             |  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | DP JACOBSEN, PETER 16 DOVER WAY LAKE OSWEGO OR DST LYE, MARK                        | ed age of and fall, if applicable  S AND DIRECTORS  DETERM   | (NOTE Registered A 13. E 1.1 TILLE 1.2 NAME 1.3 STREI 1.4 CITY. E 2.1 TILLE 2.2 NAME   | es.  pont signature requ  Et ADDRESS -ST-ZIP   |  | AND DIRECTOR  Change                     | Addition                               |
| SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | DP JACOBSEN, PETER 16 DOVER WAY LAKE OSWEGO OR DST LYE, MARK 15533 FIDDLESTICKS BLV | ed age of and fall, if applicable  S AND DIRECTORS  DETERM   | (NOTE Registered A 13. E 1.1 TILLE 1.2 NAME 1.3 STREI 1.4 CITY. E 2.1 TILLE 2.2 NAME 2.3 STREI   | es.  En address -ST-ZIP  Et address  |  | AND DIRECTOR  Change                     | Addition                               |
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reference being that in information supplied with its lining close for quality for the exemptor state in 1950/07 Florida Statutes. Intrinsic certificated on this annual report or supplied ental annual report is frue 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 12 or Block 13 if changed or or man attachment with any oldress.

SIGNATURE:

3-2-98