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

CORF ANNUA



## DOCUM

1. Corporation

**GREAT WESTERN CAPITAL CORPORATION** 

ROFII PORATION AL REPORT 1 <b>999</b>		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	May 06, 1999 8:00 am Secretary of State 05-06-1999 90004 045 ***150.00
MENT # P1	6151		

Principal Place of Business Mailing Address 9200 OAKDALE AVE. 1201 THIRD AVE. CHATSWORTH CA 91311 WMT 1706 SEATTLE WA 98101							DO NOT WRITE IN THIS SPACE			
ļ		US					3. Date Incorporated or Qualifed			
		T 0 - 11-11					09/29/1987 4. FEI Number		Applied For	
2. Principal	2a. Mailing Address	ling Address				( · · · · · · · · · · · · · · · · · · ·		Applied For Not Applicable	_}	
Suite, Apr	t # oto	26 Suite, Apt. #, etc.				95-4122645		Additional	$\dashv$	
<u> </u>	i, #, eic.	27				5. Certifcate of Status Desired		Required		
City & Sta	ate	City & State				6. Election Campaign Financing	\$5.0	May Be	7	
23		28					Trust Fund Contribution		d to Fees	}
Zip	Country	Zip	Cou	ntry			8. This corporation owes the current year	r Intangible		٦
24	25	29 3	30			Personal Property Tax. Yes No				
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Registe	red Agent		_
	MONE ANADEL I			81	Name					1
	IROW, ANABEL I			82	Street	Addres	ress (P.O. Box Number is Not Acceptable)			┪
	) N.W. 17TH AVENUE									4
	OND FLOOR			83						1
MIAI	MI FL 33125			84	City			85 Zip	Code	7
							ration submits this statement for the purpos	FL   "   "		4
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: R	Registered		signature r	equired v	when reinstating)  DAT  ADDITIONS/CHANGES TO OFFICER		TODS IN 12	  -   @
12.		ID DIRECTORS	TORS 13.  □ DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP				Change		5   =   5   100	
TITLE	PD	C OCTEIE				ASE			AL / 100	"  3
NAME	MURPHY, DAVID G				C		tharine E. Killien			8
STREET ADDRESS	s 1301 FIFTH AVE., STE. 2200 SEATTLE WA 98101						01 Third Ave., #1706 attle, WA <u>98101</u>			
CITY-ST-ZUP	V SEATTLE WA SOLUT	□ DELETE	2.1 TITLE		- 4112	269	ittle, wa 38101	☐ Change	e Additio	<u> </u>
NAME	PETRUZZI, THOMAS J		2.2 NAME					_		ļ
1	IS 1301 FIFTH AVE., STE. 2200		1		ADDRESS	l				l
CITY-ST-ZIP	SEATTLE WA 98101			iTY-SI					-	
TITLE	V	DELETE 3.1 TIT						☐ Change	e Addition	<u> </u>
NAME	SUHADOLNIK, DONNA I	3.2 NA				1				-
;	s 1201 THIRD AVE.,#0604		3.3 S1	REET	ADDRESS					
CITY-ST-ZIP	SEATTLE WA 98101		3.4. C	ITY-S1	-ZIP	1			_	
TITLE	SD	☐ DELETE						☐ Change	e 🔲 Additio	n
NAME	KITTNER, MARC R	4.2 N		AME						-
STREET ADDRES	s 1201 THIRD AVE., #1706	4.3 Sπ		REET	ADDRESS	l				
CITY-ST-ZIP	SEATTLE WA 98101		4.4 CF		-ZIP	<u> </u>				_
TITLE	T	☐ DELETE	5.1 TT			-		☐ Change	e 🔲 Additio	ח
NAME	BONDE, PAUL F	5.2 NA				1				
STREET ADDRES	s 1201 THIRD AVE., #0511				ADDRESS					
CITY-ST-ZIP	SEATTLE WA 98101	·		TY-ST	-ZiP	<u> </u>				4
TITLE	D	☐ DELETE	6.1 1₹			1		Change	e	٦
NAME	LONGBRAKE, WILLIAM A		6.2 NA			ı				
STREET ADDRES	s 1201 THIRD AVE., #1501		6.3 S1	REET	ADDRESS	i				

6.4 CITY+ST-ZIP SEATTLE WA 98101 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, with all other like empowered.

SIGNATURE:

SIGNATURE MATE OR DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(206) 461-6432