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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P22304

1. Corporation Name
E Z LOADER BOAT TRAILERS, INC.

Principal Place of Business Mailing Address
NORTH 717 HAMILTON NORTH 717 HAMILTON
P O BOX 3263 P O BOX 3263
SPOKANE WA 99220-0263 SPOKANE WA 99220-0263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/28/1988	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	91-0612518	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, RANDY D.		1.2 NAME		
STREET ADDRESS	NORTH 717 HAMILTON		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPOKANE WA		1.4 CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MARC D.		2.2 NAME		
STREET ADDRESS	NORTH 717 HAMILTON		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPOKANE WA		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THIELMAN, DAVID A.		3.2 NAME		
STREET ADDRESS	NORTH 717 HAMILTON		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPOKANE WA		3.4 CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Clanton, James J.		4.2 NAME		
STREET ADDRESS	North 717 Hamilton		4.3 STREET ADDRESS		
CITY-ST-ZIP	Spokane, WA 99202		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Marc D. Johnson Marc D. Johnson 4/27/98 509-489-0181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)