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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (1)

		Mailing Address 6975 SANDBURG RD 310 PORTLAND OR 97223 US			DO NOT WRITE IN THIS  3. Date incorporated or Qualified  08/18/1989		
2. Principal F	Principal Place of Business 2a. Mailing Address				4. FEI Number		pplied For
n		26			94-2759948		lot Applicable
Suite, Apt.	a		te. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the cu		
14	25	29	30		Personal Property Tax due June 30.		No
	<ol> <li>Name and Address of Curr IE PRENTICE-HALL CORPORA</li> </ol>			B1 Name	10. Name and Address of New Registered	Agent /	
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			Ľ	Street Add	dress (P.O. Box Number is Not Acceptable)		
			Ī	City	Fl	<b>85</b> Zip	Code
agent. I a	am familiar with, and accept the obli-	ligations of, Section 607.0505, f	Florida Statu	ites.	ation's board of directors. I hereby accept the ap  ured when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	I PD	DELETE	1,1 7071	E		Change	Addition
RAME	ROBERTS, DANIEL D		1.2 NAA	AE .		_ •	_
STREET ADDRESS	1328 WYANT WAY		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	SACRAMENTO CA		1	Y-ST-ZIP			
TITLE	3	DELETE	2 1 TITL			Change	Addition
NAME	ROBERTS, DANIEL L.		2.2 NAA	AE }	e a		
STREET ADDRESS	1332 WYANT WAY		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	SACRAMENTO CA		2. 4 CIT	Y-ST-ZIP			
TITLE	VID	DELETE	3.1 TITL			Change	Addition
NAME	HUNSTOCK, JOHN H		3.2 NAA	AE .			
STREET ADDRESS	1394 GETTYSBURG RD		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	LONG GROVE IL		3 4. CIT	Y-ST-ZIP			
TITLE			44 212	_		Change	Addition
NAME		☐ DELETE	4.1 TITL	.t		L Criarigo	L. Addition
		DELETE	4.1 HRL 4.2 NA	Į.		□ Orienge	
STREET ADDRESS		☐ DELETE	4. 2 NA	Į.		Change	жайын
		L] DELETE	4. 2 NA 4.3 STR	ME		Change	
CITY-ST-ZIP		DELETE	4. 2 NA 4.3 STR	ME EET ADDRESS (-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4. 2 NA 4.3 STR 4.4 CITY	ME EET ADDRESS (-ST-ZIP E			

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.

5.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

DELETÉ

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

**FILED** 

Apr 30 1998 8:00am

Secretary of State