SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



| CORPORATION | 2 W - A | FLORIDA DEPARTMENT OF STATE |
|---|--------------|---|
| ANNUAL REPORT | | Sandra B. Mortham Secretary of State |
| 1996 | No we to | DIVISION OF CORPORATIONS |
| DOCUMENT # | P35247 | (6) |
| FORESIGHT SCIENCE | & TECHNOLOGY | INCORPORATED |
| | | |
| Principal Place of Business | Ma | ling Address |
| Principal Place of Business 1200 W. SIMS WAY 201 PT TOWNSEND WA 98368 | P. PC | O. BOX 2048 ORT TOWNSEND WA 98368 |
| 1200 W. SIMS WAY 201 | P. | O. BOX 2048 ORT TOWNSEND WA 98368 |

| FORESIGHT SCIENCE & TECHNOLOGY INCORPORATED | | | | | | | |
|--|--|--|--|--|---|-------------|---|
| Principal Place | e of Business | Ma ling Address | | THE CONTRACTOR AND A PROPERTY | | I DIRA DIDA | ATRIF BIDIT BIDIT ETDIT FODT |
| 1200 W. SIMS 201 | S WAY | P.O. BOX 2048 PORT TOWNSEND WA | 98368 | | | | |
| PT TOWNSEND WA 98368 US | | US | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1991 05/22/1995 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 60-1239698 | | Not Applicable |
| Suite, Apt. : | # etc | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | [-] | \$8.75 Additional Fee Required |
| City & State | e | City & State | | | 6. Election Campaign Financing | | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added to Fees |
| Zip | Country | Zip | Countr | y | 8. This corporation has fiability for i | intangible | |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes [| No |
| | Name and Address of Cu | rrent Registered Agent | | -T | 10. Name and Address of New Re | gistered . | Agent |
| SPE | ESER, DAVID | | 81 | Name | | | |
| 9059 BAYBURY LN | | | 82 | Street Ado | dress (P.O. Box Number is Not Acceptab | le) | |
| | B FL 33411 | | | | · | ······ | P P NOTE / PROMISES A THE SECOND S. P. S. P. S. |
| | • | | 83 | ' | | | |
| | | | 84 | City | | FL | 85 Zip Code |
| office or re | registered agent, or both, in the S | .0502 and 607, 1508, Florida Stati state of Florida: Such change was bligations of, Section 607,0505, F | authorized by | the corporat | poration submits this statement for the pi ion's board of directors. I hereby accept | irpase of | changing its registered intrient as registered |
| SIGNATURE | | and the second of the second o | and the second | | | | |
| 12. | Signature, type that product it can distribute the OFFICERS | S AND DIRECTORS | 13. | pen' signature requ | ADDITIONS/CHANGES TO OFFIC | DAI: | DIRECTORS IN 12 |
| TITLE | T | | | | AUDITIONS/CHANGES TO OFFIC | TUO WIND | DINECTORS IN 12 |
| | P | DELETE | 1.1 7:11.6 | | | | Change Addition |
| NAME | P SPESER PHILIP I | DELETE | 1 1 THILE 12 NAME | | | | Change Addition |
| | Speser, Philip L. | DELETE | 1.2 NAME | 1 ADDRESS | | | Change Addition |
| NAME | SPESER, PHILIP L. 1811 36TH STREET | DELETE | 1.2 NAME | LADDRESS | | | Change Addition |
| NAME STREET ADDRESS | Speser, Philip L. | DELETE | 1.2 NAME 1.3 STREE | LADDRESS | | | |
| NAME STREET ADDRESS CITY+ST+ZIP | SPESER, PHILIP L. 1811 36TH STREET PORT TOWNSEND WA ST | | 1 2 NAME 1 3 STREE 1 4 Ctly - | 1 ADDRESS S1-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | SPESER, PHILIP L. 1811 36TH STREET PORT TOWNSEND WA | | 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TIFLE 2.2 NAME | 1 ADDRESS S1-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | SPESER, PHILIP L. 1811 36TH STREET PORT TOWNSEND WA ST SPESER, THEODORA | | 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TIFLE 2.2 NAME | 1 ADDRESS S1-7IP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SPESER, PHILIP L. 1811 36TH STREET PORT TOWNSEND WA ST SPESER, THEODORA 9059 BAYBURY LN WPB FL C | | 12 NAME 13 STREE 14 CHY- 21 THE 22 NAME 23 STREE | 1 ADDRESS S1-7IP | | | Change Addition |
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further certify that the information and cated 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 path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

While RIENSCHE

6-/3-96

1360 385-9560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR

360 385-9560 Baytine Phase #