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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000005458 (4)			
1. Corporation Name CAREER RESEARCH INSTITUTE, INC.			
Principal Place of Business 38 MANEY AVE. STE. 2 ASHEVILLE NC 28804 US		Mailing Address P.O. BOX 18328 ASHEVILLE NC 28814-0328 US	
2. Principal Place of Business 21 3601 BEACH DR. SW Suite, Apt. #, etc. 22 SUITE 6 City & State 23 SEATTLE, WA Zip 24 98116 Country 25 US		2a. Mailing Address 26 SAME AS Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent FREEMAN, JAMES W JR. 28100 US 19 N. STE. 300 CLEARWATER FL 34621		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE D NAME KULESZA, HENRY STREET ADDRESS 38 MANEY AV. #2 CITY-ST-ZIP ASHEVILLE NC		13.1 TITLE Change 13.2 NAME 13.3 STREET ADDRESS 3601 BEACH DR. SW., SUITE 6 13.4 CITY-ST-ZIP SEATTLE, WA 98116	
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE Change 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE Change 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE Change 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE Change 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE Change 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: <u>Henry Kulesza</u>		4/1/97 206-953-1108	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)