


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90124 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000015738					
1. Corporation Name STEPHEN BARR & ASSOCIATES, INC.					
Principal Place of Business 4610 191ST PL NE SUITE 271 REDMOND WA 98053 US			Mailing Address 4610 191ST PL NE REDMOND WA 98053 US		
2. Principal Place of Business 21 15400 NE 134 PL Suite, Apt. #, etc. 22 1911 City & State 23 BELLEVUE WA Zip 24 98007 Country 25 USA		2a. Mailing Address 26 15400 NE 134 PL Suite, Apt. #, etc. 27 1911 City & State 28 BELLEVUE WA Zip 29 98007 Country 30 USA		3. Date Incorporated or Qualified 02/24/1995	
9. Name and Address of Current Registered Agent SLATKIN, SHELDON T 9900 W. SAMPLE ROAD SUITE 400 CORAL SPRINGS FL 33065		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)