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

0561057

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

FILED
99 MAR 29 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000047710**

1. Corporation Name
**FNA INTERNATIONAL CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1540 S DALE MABRY HWY~~<br>~~STE B~~<br>~~TAMPA FL 33612~~<br>~~US~~ | 970 DENNY WAY<br>SEATTLE WA 98109<br>US |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 05/29/1997 |
| 21 928 East 124th Ave. | 26 | 4. FEI Number | 59-3449941 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | Applied For / Not Applicable |
| 22 Tampa | 27 | 5. Certificate of Status Desired [ ] | $8.75 Additional Fee Required |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution [ ] | $5.00 May Be Added to Fees |
| 23 FL | 28 | | |
| Zip / Country | Zip / Country | 8. This corporation owes the current year Intangible Personal Property Tax | [ ] Yes [ ] No |
| 24 33612 25 Hillsbourgh | 29 30 | | |

9. Name and Address of Current Registered Agent

~~ANDERSON, WALLACE B~~
ONE HARBOUR PL STE 500
TAMPA FL 33602

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when mailed by us) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DVS | [ ] DELETE | 11 TITLE | D | [X] Change [ ] Addition |
| NAME | GEBARSKI, ALEX | | 12 NAME | | |
| STREET ADDRESS | 970 DENNY WAY | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | SEATTLE WA 98109-5201 | | 14 CITY-ST-ZIP | | |
| TITLE | PC | [ ] DELETE | 21 TITLE | | [ ] Change [ ] Addition |
| NAME | UEKI, SHIGERM | | 22 NAME | | |
| STREET ADDRESS | 970 DENNY WAY | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | SEATTLE WA 98109 | | 24 CITY-ST-ZIP | | |
| TITLE | D | [ ] DELETE | 31 TITLE | D,S | [X] Change [ ] Addition |
| NAME | OBATKE, H | | 32 NAME | | |
| STREET ADDRESS | 970 DENNY WAY | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | SEATTLE WA 98109 | | 34 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 41 TITLE | V | [ ] Change [X] Addition |
| NAME | | | 42 NAME | Clagg, Mark | |
| STREET ADDRESS | | | 43 STREET ADDRESS | 970 Denny Way | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | Seattle, WA 98109-5201 | |
| TITLE | | [ ] DELETE | 51 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 61 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

P97000047710 -05/03/99--01010--009
****150.00 ****150.00

CR2E034 (11/98)

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:** Mark Clagg Mark Clagg Apr. 26th 1999 (206)625 9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone