D     13.       Inte     D       AME     FLYNN, JAMES       TREET ADDRESS     HILDERSHAM BARN, HIGH STREET, ST. PETERS       13.     1.1 TITLE       12. NAME     1.2 NAME       13.     1.3 TITLE	10. Name and Address of New Registered Ágent         Name         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Registered Address (P.O. Box Number is Not Acceptable)         City       FL         Image: Registered Address (P.O. Box Number is Not Acceptable)         City       FL         Image: Registered Address (P.O. Box Number is Not Acceptable)         State of the corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)       DATE
IZOI SOUTH BELCHER ROAD       11701 SOUTH BELCHER ROAD         UITE 128       SUITE 128         ARGO FL 33773       LARGO FL 33773         I. Principal Place of Business       2a. Mailing Address         I 9 21 0       3370 Ave w.         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Country         UMM WOOD, WA       2a         UMM WOOD, WA       2a         UMM WOOD, WA       2a         Outry       Country         City & State       Country         UMM WOOD, WA       2a         UMM WOOD, WA       2a         UMM WOOD, WA       2a         Summe and Address of Current Registered Agent         I. ARSON, H. WILLIAM ESO.       81         T381 114TH AVENUE NORTH       82         SUITE 406       83         LARGO FL 33773       84         I1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	3. Date Incorporated or Qualifed         09/08/1997         4. FE! Number         59-2886590         5. Certificate of Status Desired         6. Election Campaign Financing         Trust Fund Contribution         Added to Fees         8. This corporation owes the current year Intangible         Personal Property Tax.         Yes         Name    City          City             City             City             City             City             Bate Address (P.O. Box Number is Not Acceptable)       City <b>FL</b> 85 Zip Code  named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered signature required when reinstating) DATE
19210       33rd Ave W.       26       19210       33rd Ave W.         Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       City & State       City & State         City & State       Country       Zip       Country         Zip       Country       Zip       Country         98036       25       USA       29       98036       30         9. Name and Address of Current Registered Agent       81         LARSON, H. WILLIAM ESO.       7381 114TH AVENUE NORTH       82         SUITE 406       83         LARGO FL 33773       84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. 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         12.       OFFICERS AND DIRECTORS       13.         TILE       D       D       11. TITLE         AME       FLYNN, JAMES       13. STREET.       13. STREET.	09/08/1997         4. FEI Number         59-2886590         Not Applied For         Not Applicable         5. Certificate of Status Desired         Fee Required         6. Election Campaign Financing         Trust Fund Contribution         Added to Fees         8. This corporation owes the current year Intangible         Personal Property Tax.         Yes         Name         Street Address (P.O. Box Number is Not Acceptable)         City         FL       85         Zip Code         named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)       DATE
19210       33rd Ave W.       26       19210       33rd Ave W.         Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       City & State       City & State         City & State       Country       Zip       Country         Zip       Country       Zip       Country         98036       25       USA       29       98036       30         9. Name and Address of Current Registered Agent       81         LARSON, H. WILLIAM ESO.       7381 114TH AVENUE NORTH       82         SUITE 406       83         LARGO FL 33773       84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. 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         12.       OFFICERS AND DIRECTORS       13.         TILE       D       D       11. TITLE         AME       FLYNN, JAMES       13. STREET.       13. STREET.	59-2886590       Not Applicable         5. Certificate of Status Desired       \$8.75. Additional         6. Election Campaign Financing       Fee Required         7. Trust Fund Contribution       Added to Fees         8. This corporation owes the current year Intangible       Personal Property Tax.         Yes       No         10. Name and Address of New Registered Ágent       Name         Street Address (P.O. Box Number is Not Acceptable)         City         RL         Personal Property Tax.         Yes         No         10. Name and Address of New Registered Ágent         Name         City         B5         Per Colspan="2">City         RL         Street Address (P.O. Box Number is Not Acceptable)         City         PL         Registered         named corporation submits this statement for the purpose of changing its registered         board of directors. I hereby accept the appointment as registered         BATE
Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       27         Suite, Apt. #, etc.       City & State         City & State       City & State         Lynnwood, wA       28         Zip       Country         Zip       Country         9, Name and Address of Current Registered Agent         81         LARSON, H. WILLIAM ESO.         7381 114TH AVENUE NORTH         SUITE 406         LARGO FL 33773         84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE         SIGNATURE         TILE       D         FLYNN, JAMES         HILDERSHAM BARN, HIGH STREET, ST. PETERS         13. STREET.	5. Certificate of Status Desired       Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         8. This corporation owes the current year Intangible Personal Property Tax.       Yes         10. Name and Address of New Registered Ágent       No         Name       Street Address (P.O. Box Number is Not Acceptable)         City       FL       85       Zip Code         named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)       DATE
City & State       City & State         City & State       28         UpmW000, WA       28         UpmW000, WA       29         Country       29         98036       25         9. Name and Address of Current Registered Agent         81         LARSON, H. WILLIAM ESO.         7381 114TH AVENUE NORTH         SUITE 406         LARGO FL 33773         84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by t agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE         12.       OFFICERS AND DIRECTORS         13.         TILE       D         FLYNN, JAMES       11. TITLE         ITREET ADDRESS       HILDERSHAM BARN, HIGH STREET, ST. PETERS	Trust Fund Contribution       Added to Fees         8. This corporation owes the current year Intangible Personal Property Tax.       Yes         10. Name and Address of New Registered Agent         Name         Street Address (P.O. Box Number is Not Acceptable)         City       FL         85       Zip Code         named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)       DATE
Zip       Country       Zip       Country         QO36       25       USA       29       QO36       30       UE         9. Name and Address of Current Registered Agent       81       81         LARSON, H. WILLIAM ESO.       7381 114TH AVENUE NORTH       82         SUITE 406       83         LARGO FL 33773       84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by t 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         12.       OFFICERS AND DIRECTORS       13.         TILE       D       L1 TITLE         AME       FLYNN, JAMES       11 TITLE         TIREET ADDRESS       HILDERSHAM BARN, HIGH STREET, ST. PETERS       13 STREET	Trust Fund Contribution       Added to Fees         8. This corporation owes the current year Intangible         Personal Property Tax.         Yes         10. Name and Address of New Registered Ágent         Name         Street Address (P.O. Box Number is Not Acceptable)         City         Paramed corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)
98036       25       USA       29       98036       30       US         9. Name and Address of Current Registered Agent       81       81         LARSON, H. WILLIAM ESO.       83       82         7381 114TH AVENUE NORTH       82         SUITE 406       83         LARGO FL 33773       84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by t 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         12.       OFFICERS AND DIRECTORS       13.         TILE       D       11. TITLE         AME       FLYNN, JAMES       11. TITLE         TIREET ADDRESS       HILDERSHAM BARN, HIGH STREET, ST. PETERS       13. STREET	A       Personal Property Tax.       Ares         10. Name and Address of New Registered Agont         Name         Street Address (P.O. Box Number is Not Acceptable)         City       FL       85       Zip Code         named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)       DATE
LARSON, H. WILLIAM ESQ. 7381 114TH AVENUE NORTH SUITE 406 LARGO FL 33773 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by t 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 tile if applicable (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13. TILE 0 FLYNN, JAMES HILDERSHAM BARN, HIGH STREET, ST. PETERS 13 STREET.	Name         Street Address (P.O. Box Number is Not Acceptable)         City       FL       85       Zip Code         named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered         signature required when reinstating)       DATE
7381 114TH AVENUE NORTH     82       SUITE 406     83       LARGO FL 33773     84       1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.       SIGNATURE     Signature, typed or printed name of registered agent and tile if applicable     (NOTE: Registered Agent       12.     OFFICERS AND DIRECTORS     13.       ITLE     D     FLYNN, JAMES     1.1 ITILE       ITREE TADDRESS     HILDERSHAM BARN, HIGH STREET, ST. PETERS     1.3 STREET	City <b>FL</b> 85 Zip Code named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered signature required when reinstating) DATE
7381 114TH AVENUE NURTH       83         SUITE 406       83         LARGO FL 33773       84         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by t 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         12.       OFFICERS AND DIRECTORS       13.         TILE       D       1.1 ITTLE         IAME       FLYNN, JAMES       1.1 ITTLE         ITREET ADDRESS       HILDERSHAM BARN, HIGH STREET, ST. PETERS       1.3 STREET	City <b>FL</b> 85 Zip Code named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered signature required when reinstating) DATE
LARGO FL 33773	ramed corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered signature required when reinstating)     DATE
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office or registered agent, or both, in the State of Florida. Such change was authorized by t 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         I2.       OFFICERS AND DIRECTORS       13.         Inte       D         AME       1.1 TITLE         Inte Colspan="2">D         AME       1.1 TITLE         ITREET ADDRESS       HILDERSHAM BARN, HIGH STREET, ST. PETERS	signature required when reinstating)
ITLE D DELETE 1.1 TITLE 1.2 NAME FLYNN, JAMES HILDERSHAM BARN, HIGH STREET, ST. PETERS 1.3 STREET.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TREET ADDRESS HILDERSHAM BARN, HIGH STREET, ST. PETERS 1.3 STREET.	President Change Addition
	ADDRESS 19210 3313 AVE W., Suite A
ITY-ST-ZIP BROADSTARIS, KENT CT10 1SZ / 1.4 CITY-ST-	21 WINNWOOD, WA 98036
	ZIP UNNWOOD, WA 98036 Secretary/Treasurer Change Addition
AME WRIGLEY, ALAN 22 NAME 22 NAME BEACON COTTAGE, TRINITY SQ. READING ST. 2.3 STREET.	Gary Marvin ADDRESS 19210 33rd Ave W., Suite A
TY-ST-ZIP BROADSTARIS, KENT CT10 1SZ 2.4 CITY-ST	-ZP Lynnwood, WA 98036
TLE □ DELETE 3.1 TITLE AME 32 NAME	Bruce Trimble Suit A
TREET ADDRESS 3.3 STREET	ADDRESS 19210 3313 AVE W., JULIE A
ITY-ST-ZIP 3.4. CITY-ST	ZP UNNWOOD, WA 98036
ITLE DELETE 4.1 ITTLE 4.2 NAME 4.2 NAME	General Country - 7
TREET ADDRESS 4.3 STREET	
ITY-ST-ZIP 44 CITY-ST	ZIP Minneapolis, MN 55436
ТЦЕ DELETE 5.1 ТІТLE DELETE 5.2 NAME 52 NAME	
TREET ADDRESS 5.3 STREET	ADDRESS
ΠY-ST-ZIP         54 CITY-ST           ITF         DELETE         6.1 TITLE	-ZIP
ITLE LJUELETE 61 THEE 62 NAME 62 NAME	
TREET ADDRESS . 6.3 STREET	ADDRESS
64 CITY-ST-ZIP 64 CITY-ST	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptic indicated on this annual report or supplemental annual report is true and accurate and that officer or director of the corporation or the receiver or trustee empowered to execute this re- turn the true of true of the true of true of the true of true of the true of the true of the true of the true of true of true of the true of the true of true of the true of true of the true of true	my signature shall have the same legal effect as it made under dath. that I am an