

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000002099 (6)
 1. Corporation Name
NORTHWEST ENVIROCON, INC.



Principal Place of Business 7410 DELAWARE LANE VANCOUVER WA 98664	Mailing Address 7410 DELAWARE LANE VANCOUVER WA 98664
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1997	
21	26	4. FEI Number 91-1376869		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, DENNIS	1.2 NAME	David C. Lambert
STREET ADDRESS	7410 DELAWARE LANE	1.3 STREET ADDRESS	9144 Old Creek Dr.
CITY-ST-ZIP	VANCOUVER WA 98664	1.4 CITY-ST-ZIP	BILBOUNE, GA 30134
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BLOTCH, AL	2.2 NAME	
STREET ADDRESS	1000 TORIFI BLVD., #20	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60521	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec. 1 Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARY	3.2 NAME	Arthur D. Hudson
STREET ADDRESS	2304 OWEN ST.	3.3 STREET ADDRESS	7410 Delaware Lane
CITY-ST-ZIP	ALVIN TX	3.4 CITY-ST-ZIP	VANCOUVER, WA 98664
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HEISEN, JERRY	4.2 NAME	
STREET ADDRESS	1730 HARBOR WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97201	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HALL, RANDY	5.2 NAME	
STREET ADDRESS	2304 OWEN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALVIN TX 77511	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____

CR2E034 (10/97)