

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90192 017 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F93000004249**

1. Corporation Name
JUBITZ CORPORATION

Principal Place of Business
**88 N.E. MIDDLEFIELD ROAD
 PORTLAND OR 97211**

Mailing Address
**P.O. BOX 11264
 PORTLAND OR 97211**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1993

4. FEI Number
93-0403718

5. Certificate of Status Desired **\$8.75** Additional 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 No

2. Principal Place of Business **Ste. 150**
5440 S.W. Westgate Dr.
 Suite, Apt. #, etc.

2a. Mailing Address
5440 S.W. Westgate Dr., Ste. 150
 Suite, Apt. #, etc.

22 **Portland OR**
 City & State

27 **Portland OR**
 City & State

23 **97221**
 Zip

28 **97221**
 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| | CP JUBITZ, M. ALBIN JR. 88 NE MIDDLEFIELD ROAD PORTLAND OR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | CP JUBITZ, FREDERICK D 88 NE MIDDLEFIELD ROAD PORTLAND OR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 5440 S.W. Westgate Dr., Ste. 150 Portland, OR 97221 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Director O'Leary, George P. 5440 S.W. Westgate Dr., Ste. 150 Portland, OR 97221 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED

2/2/99

503-350-5530

CR2E034 (1/198)