

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 SEP 11 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # J91292 (9)
 1. Corporation Name
RAMPART WATERBLAST, INC.

Principal Place of Business Mailing Address
23500 - 64TH AVENUE SOUTH KENT WA 98032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/04/1987	03/22/1986
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0016972	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81 Name Corporation Service Company			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
				83			
				84 City Tallahassee		85 Zip Code FL 32301	

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Sole Director/President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARRANT, RONALD W.	1.2 NAME	
STREET ADDRESS	23500 64TH AVENUE, SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA	1.4 CITY-ST-ZIP	Zip Code - 98032
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	100002291501 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENESS, JOHN S.	2.2 NAME	-09/12/97--01093--007
STREET ADDRESS	23500 64TH AVENUE SOUTH	2.3 STREET ADDRESS	Zip Code - 98032 ***550.00 ***550.00
CITY-ST-ZIP	KENT WA	2.4 CITY-ST-ZIP	
TITLE	VPCF <input type="checkbox"/> DELETE	3.1 TITLE	VP/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, THOMAS A.	3.2 NAME	
STREET ADDRESS	23500 64TH AVENUE, SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA	3.4 CITY-ST-ZIP	Zip Code - 98032
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITTINGER, ROBERT	4.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA	4.4 CITY-ST-ZIP	Zip Code - 15108 <i>[Signature]</i>
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, PATRICK	5.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA	5.4 CITY-ST-ZIP	Zip Code - 15108
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT L. RACCHINI	6.2 NAME	Stephen D. Reichenbach
STREET ADDRESS	530 MOON CLINTON ROAD	6.3 STREET ADDRESS	23500 64th Ave. So.
CITY-ST-ZIP	CORAOPOLIS PA 15108	6.4 CITY-ST-ZIP	Kent, Washington 98032

14. I do 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: *[Signature]* SIGNATURE REQUIRED 8/29/97 (253) 850-3500

CR2E034 (4/97)