

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L30905 (8)

1. Corporation Name

PATRICIA SHETLEY & ASSOCIATES, INC.



Principal Place of Business

10240 NE 12 STREET
SUITE D102
BELLEVUE WA 98004
US

Mailing Address

10240 NE 12 STREET
SUITE D102
BELLEVUE WA 98004
US

3. Date Incorporated or Qualified
11/16/1989

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 10240 NE 12TH ST.

26 10240 NE 12TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BLDG D102

27 BLDG D102

City & State

City & State

23 BELLEVUE WA

28 BELLEVUE WA

Zip 98004

Country KING

Zip 98004

Country

4. FEI Number
65-0157078

Applied For
Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOXON, GEORGE L.
735 NORTHEAST 3RD AVENUE
FT. LAUDERDALE FL 33304

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

TITLE P
NAME SHETLEY, PATRICIA DELETE
STREET ADDRESS 10240 NE 12 STREET, BLDG. D102
CITY-ST-ZIP BELLEVUE WA

1.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia Shetley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

206-688-8356

Date

Day/Time/Phone #

CR2E034 (12/95)