

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006468 (0)
 1. Corporation Name
WILLOW CSN INCORPORATED

Principal Place of Business 10275 COLLINS AVENUE, STE 1531 BAL HARBOUR FL 33154	Mailing Address 10275 COLLINS AVENUE, STE 1531 BAL HARBOUR FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
12/11/1996

4. FEI Number
98-0151557

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD <input type="checkbox"/> DELETE
NAME	CHERRY, RICHARD
STREET ADDRESS	10275 COLLINS AVENUE, STE 1531
CITY-ST-ZIP	BAL HARBOUR FL
TITLE	S <input type="checkbox"/> DELETE
NAME	NICHOLS, GAIL
STREET ADDRESS	10275 COLLINS AVENUE, STE 1531
CITY-ST-ZIP	BAL HARBOUR FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MCGILLIVRAY, STUART
STREET ADDRESS	10275 COLLINS AVENUE, STE 1531
CITY-ST-ZIP	BAL HARBOUR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EPSTEIN, DENNIS
STREET ADDRESS	14 CHICORA AVE
CITY-ST-ZIP	TORONTO ONTARIO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	USHER-JONES, BRIAN
STREET ADDRESS	81 GLENGOWAN RD
CITY-ST-ZIP	TORONTO ONTARIO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	PRITCHARD, GORDON W
STREET ADDRESS	23 HATHERTON CRESCENT
CITY-ST-ZIP	DON MILLS ONTARIO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Gail Nichols* **GAIL NICHOLS** 3/10/98 305-864-6577

CR2E034 (10/97)