

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 # **M65139** (1)

1. Corporation Name
WILLOW RIVER, INC.



Principal Place of Business: **4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418**
Mailing Address: **4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **01/18/1988**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: **21 4200 Wackenhut Drive**
2a. Mailing Address: **26 4200 Wackenhut Drive**

4. FEI Number: **65-0033916**
Applied For: Not Applicable:

Suite, Apt. #, etc.: **22 Suite 110**
27. Suite, Apt. #, etc.: **27 Suite 110**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Palm Beach Gardens FL**
28. City & State: **28 Palm Beach Gardens FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33410** Country: **25**
29. Zip: **33410** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FLANIGAN, JOHN F
625 N. FLAGLER DR.
9TH FLOOR, BARNETT CENTRE
WEST PALM BEACH FL 33401**
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: _____ DATE: _____
Signature: Typed or printed name of registered agent or director (if 11b Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	PDT TAMBONE, RICHARD P. 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110 Palm Beach Gardens FL 33410
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	DVS TAMBONE, LORI B. 4500 PGA BLVD. SUITE 304 B PALM BEACH GARDENS FL	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110 Palm Beach Gardens FL 33410
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **4-26-96** DAYLINE PHONE: **407-675-0008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)