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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000017246**

1. Corporation Name
WILLOWFIELD ENTERPRISES INC.

Principal Place of Business
**3840 W HILLSBORO BLVD., SUITE 167
DEERFIELD BEACH FL 33442**

Mailing Address
**3840 W HILLSBORO BLVD., SUITE 167
DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65 0813211

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

21 **2263 NW 2nd Ave**

2a. Mailing Address

26 **2263 NW 2nd Ave**

Suite, Apt. #, etc.

22 **206**

Suite, Apt. #, etc.

27 **206**

City & State

23 **Boca Raton FL**

City & State

28 **Boca Raton FL**

Zip

24 **33431**

Country

25 **USA**

Zip

29 **33431**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**ANDERSON, JOHN D
3840 W HILLSBORO BLVD., SUITE 167
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name **JHM Tax Service, Inc**
82 Street Address (P.O. Box Number, if Not Acceptable) **2263 NW 2nd Ave # 205**
83
84 City **Boca Raton** FL 85 Zip Code **33431**

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]

4-08-99

Signature typed or printed name of registered agent and title if applicable

NOTE: The printed Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | READ, DONALD | |
| STREET ADDRESS | 3291, ROAD NO. 6, | |
| CITY-ST-ZIP | RICHMOND, B.C. CANADA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**SIGN
HERE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|--------------------------------|--|
| 11 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | 4810 Glenn Pine Lane | |
| 14 CITY-ST-ZIP | Baynton Beach, FL 33430 | |
| 21 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Amy Read | |
| 23 STREET ADDRESS | 4810 Glenn Pine Lane | |
| 24 CITY-ST-ZIP | Baynton Beach, FL 33434 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing is true and accurate 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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an officer, with all other like empowered.

SIGNATURE: *[Signature]* **DONALD READ** **3-11-99** **561-361-4339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (1/198)