

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **535669** (6)

1. Corporation Name

WILLOW BRANCH INDUSTRIES, INC.



Principal Place of Business: **101 EAST BROADWAY HACKENSACK NJ 07601**
Mailing Address: **101 EAST BROADWAY HACKENSACK NJ 07601**

3. Date incorporated or Qualified: **05/25/1977**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

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

City & State: 23
City & State: 28

Zip: 24
Country: 25
Zip: 29
Country: 30

4. FEI Number: **22-2155386**
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

**CT 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

Signature, typed or printed name of registered agent and trust agent (if applicable)

Date Registered Agent's signature required when remaining

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CREAMER, GLENN L.	
STREET ADDRESS	8 ARROWHEAD COURT	
CITY - ST - ZIP	RAMSEY NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CREAMER, J F JR	
STREET ADDRESS	49 E. SADDLE RIVER ROAD	
CITY - ST - ZIP	SADDLER RIVER NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CREAMER, DALE A.	
STREET ADDRESS	9 DRUMM COURT	
CITY - ST - ZIP	RAMSEY NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARAFINO, ESTELLE R.	
STREET ADDRESS	41 VAN ORDEN RD	
CITY - ST - ZIP	HARRINGTON PARK NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	37 E. SADDLE RIVER ROAD
3.4 CITY - ST - ZIP	SADDLE RIVER, NJ 07458
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 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 in an attachment with an address.

SIGNATURE:

Glenn L. Creamer President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (201) 488-9800
DATE CUSTOMER PHONE #

CR2E034 (12/95)