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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F03832

(5)

WILLOW BEND, INC.

FILED Apr 09 1997 8:00am Secretary of State



Principal Pinc 3565 PIEDMON THREE PIEDMO ATLANTA GA 3	T RD. STE 710 ONT CENTER 0305	Mailing Address 3565 PIEDMONT RD. STE 710 THREE PIEDMONT CENTER ATLANTA GA 30305-4657		3. Date Incorporated or Qualified 10/30/1980 3a. Date of Last Report 05/01/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	 	oplied For
Suite, Apt	# O[C	Suite, Apt. #, etc.			59-2042749	£9.75	ot Applicable Additional
22	n, cto	27			5. Certificate of Status Desired		equired
City & Stat	ē.	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip ¬	Country	Zip	Count	ry	8. This corporation has liability fo		, 199.032,
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New F	Yes No	
TAV	LOR, CINDY	redistrism wholi	8				
	EAST KENNEDY BLVD.		8	C	T Corporation Syste	<u>m</u>	
	1400				et Address (P.O. Box Number is Not Acceptable) C/O C T Corporation System		
	PA FL 33602		63		1200 South Pine Island		
			8	4 City	read South Line 1916		Code
	to the provisions of Sections 607.0502 egistered agent, or both in the State o m familiar with, and agrept the obligati				Clantation PL22224	FL 85 Zip	3324
SIGNATURE. 12. 1 Itt	Stread on Type: 10 proted transcollegen est agent OFF ICERS AND	and title if applicable (NOT	ذر اسميد	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
NAME	BLONDER, MICHAEL J	[] DELETE	1.1 HILL 1.2 NAM	1		L_1 Onange	LI MOGILION
STREET ADDRESS	3565 PIEDMONT RD. STE 710			ET ADDRESS			,
COTY - S1 - ZiP	ATLANTA GA 30305		1.4 CITY				
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MAVE	DE GUARDIOLA, ED		22 NAM	E			
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CHY-ST ZIP	ATLANTA GA 30305	I Dog see		/-ST-2IP			
TITLE		☐ DELETE	3.1 TITLE	f		Change	Addition
NAME Constitutions			3.2 NAM	ET ADDRESS			
STREET ADDRESS CITY: ST. Zip:				r-ST-ZIP			
T-ILF)	DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAN	ME	•		
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY - ST - ZIP				-ST-ZIP			
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NAME		hand sens life	6.2 NAM			und Shange	1
STREET ADDRESS				ET ADDRESS			1
CITY - ST ZIF				-S1-ZIP			1
14. I do hore	by certify that the information supplied	with this filing does not quali	fy for the e	xemption state	d in Section 119.07(3)(i), Florida Statu	tes. I further certify tha	t the

information indicated on this annual report or supplemental of Lam an officer or director of the corporation or the received appears in Block 12 or Block 13 if changed, or on an althouring poort is true and accurate and that my signature shall have the same legal effect as if made under oath; that e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: