FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H70725** **(7)**

1. Corporation Name
WILLOWCREST, INC.

Principal Place of Business	Mailing Address
556 TALL PINES ROAD W. PALM BEACH FL 33415	556 TALL PINES ROAD W. PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3095 So. Military Tr.	26 3095 So. Military Tr.
Suite, Apt. #, etc. 22 Suite 2	Suite, Apt. #, etc. 27 Suite 2
City & State 23 Lake Worth, Fla.	City & State 28 Lake Worth, Fla.
Zip / County 24 33463 / 25 Palm Beach	Zip / County 29 33463 / 30 Palm Beach

4. FEI Number: 59-2634223 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUNSTON, JANE ESQUIRE
11891 US HWY ONE
N PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name: Joan Normandin
82 Street Address (P.O. Box Number is Not Acceptable): 556 Tall Pines Road
83
84 City: West Palm Beach FL 85 Zip Code: 33415

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: _____ Joan Normandin 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☐ Change ☐ Addition
NAME	NORMANDIN, JERRY	12 NAME	
STREET ADDRESS	556 TALL PINES ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	
TITLE	SDV	21 TITLE	☐ Change ☐ Addition
NAME	NORMANDIN, JOAN	22 NAME	
STREET ADDRESS	556 TALL PINES ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ Joan Normandin, Secretary 4/24/95 407-641-8128
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0952000 CP