

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K39805 (2)**

1. Corporation Name  
**WILLEN, INC.**

Principal Place of Business % PAUL GAPSTUR 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Mailing Address % PAUL GAPSTUR 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480
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2. Principal Place of Business 21 c/o Lenne Gapstur Suite, Apt. #, etc.	2a. Mailing Address 2a c/o Lenne Gapstur Suite, Apt. #, etc.
23 Zip 24 Country	2b City & State 28 Zip 29 Country

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JAN 25 PM 4:27

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/18/1988	3a. Date of Last Report 01/21/1994
4. FEI Number 65-0076632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~GAPSTUR, PAUL~~  
 ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
 321 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name Lenne Gapstur
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: *Lenne Gapstur* DATE: *Jan 19, 1995*

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEGRAY, WILLIAM G., JR
STREET ADDRESS	<del>12047 G. SHORE DR</del>
CITY - ST - ZIP	<del>PALM BCH GARDENS FL</del>
TITLE	D
NAME	DEGRAY, HELEN
STREET ADDRESS	<del>12047 G. SHORE DR</del>
CITY - ST - ZIP	<del>PALM BCH GARDENS FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	1460 North Lake Way
1.4 CITY - ST - ZIP	Palm Beach, FL 33480
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1460 North Lake Way
2.4 CITY - ST - ZIP	Palm Beach, FL 33480
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(3)(b), 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: *William G. Degray* DATE: *Jan 13, 1995* 407-844-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)

LAW OFFICES

**ALLEY, MAASS, ROGERS & LINDSAY, P.A.**

321 ROYAL POINCIANA PLAZA, SOUTH

POST OFFICE BOX 431

**PALM BEACH, FLORIDA 33480-0431**

(407) 659-1770

FACSIMILE (407) 833-2261

FROM BROWARD (305) 421-5440

**FORT LAUDERDALE OFFICE**

1800 S.E. 17TH STREET CAUSEWAY

SUITE 404

FORT LAUDERDALE, FLORIDA 33316

(305) 787-0218

FACSIMILE (305) 761-7644

RAYMOND C. ALLEY (1893-1978)  
HAROLD G. MAASS (OF COUNSEL)  
DOYLE ROGERS  
ALAN LINDSAY  
EDWARD D. LEWIS  
NEAL W. KNIGHT, JR.  
PAUL B. ERICKSON  
DAVID H. BAKER  
LENNE A. GAPSTUR  
WILLIAM W. ATTERBURY III  
LOUIS L. HAMBY III  
ROBB R. MAASS  
ELLEN S. MALASKY  
M. TIMOTHY HANLON  
KURT E. BOSSHARDT  
MICHAEL L. DUFFY  
WARREN D. HAYES, SR.  
GENE D. LIPSCHER

January 19, 1995

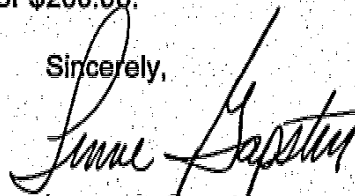
Division of Corporations  
Annual Reports  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Willen, Inc.

Gentlemen:

Enclosed please find the 1995 Annual Report for the above-referenced, together with a check for the filing fee in the amount of \$200.00.

Sincerely,



Lenne A. Gapstur

LAG:jdn  
Enclosures  
cc: William G. DeGray