

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 # K84750 (4)

1. Corporation Name

WILLOU, INC.

Principal Place of Business

1301 BELVILLE ROAD
SUITE 12
DAYTONA BEACH FL 32119

Mailing Address

1301 BELVILLE ROAD
SUITE 12
DAYTONA BEACH FL 32119



2. Principal Place of Business	2a. Mailing Address
21 1301 BEVILLE ROAD	26 1301 BEVILLE ROAD
22 Suite, Apt. #, etc. 12	27 Suite, Apt. #, etc. 12
23 City & State DAYTONA BEACH, FL	28 City & State DAYTONA BEACH, FL
24 Zip 32119	29 Zip 32119
25 Country VOLUSIA	30 Country VOLUSIA

3. Date Incorporated or Qualified 05/02/1989	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2945475	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

BROWN, WILLIAM
1301 BELVILLE RD., SUITE 12
DAYTONA BEACH FL 32119

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 title - Application)

(NOTE: Registered Agent Signature required when re-stating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM J.	1.2 NAME	
STREET ADDRESS	137 DOVECOTE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WAYNE A	2.2 NAME	BROWN, WAYNE A
STREET ADDRESS	1000 LAKE HELEN OSTEN ROAD	2.3 STREET ADDRESS	667 JENNINGS AVENUE
CITY-ST-ZIP	LAKE HELEN FL	2.4 CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LOUISE	3.2 NAME	
STREET ADDRESS	137 DOVECOTE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKELMAN, CAROLYN A	4.2 NAME	
STREET ADDRESS	100 BLUEBELL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

William J. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM J. BROWN

4/9/96

(904) 788-2737

Executive Phone #

CR2E034 (12/95)