

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR -4 AM 11: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31213 (5)

1. Corporation Name
WILLOW WALK, INC.

Principal Place of Business	Mailing Address
150 E 1ST AVENUE, SUITE 111 HALEAH FL 33010	150 E 1ST AVENUE, SUITE 111 HALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	2b. Date Incorporated or Qualified	2c. Date of Last Report
21		26	04/26/1986	04/05/1994
22		27	4. FEI Number	Applied For
City & State		City & State	59-2666570	Not Applicable
23	24	25	29	30
Zip	Country	Zip	Country	
5. Certificate of Status Desired		5. Election Campaign Financing		
<input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required		
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		6. Election Campaign Financing Trust Fund Contribution		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LUSTIG, ROY R., ESQ. 2600 DOUGLAS ROAD 911 DOUGLAS CENTER CORAL GABLES FL 33136		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	FL

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	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(2)(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 or as an attachment with an address.

SIGNATURE: Silvia G. Munder **3/28/95 (315) 882-0703**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR