

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90061 017 ***150.00

DOCUMENT # P94000027182

1. Corporation Name

WILLOW ELECTRONICS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

750 OFFICE PLAZA BLVD.
SUITE 302, UNIT 9
KISSIMMEE FL 34744

Mailing Address

750 OFFICE PLAZA BLVD.
SUITE 302, UNIT 9
KISSIMMEE FL 34744

2. Principal Place of Business

21 3611 WILLOW LAKE CT
Suite, Apt. #, etc.

2a. Mailing Address

26 3611 WILLOW LAKE CT
Suite, Apt. #, etc.

City & State

23 ST CLOUD, FLORIDA

Zip Country

24 34769 25 USA

City & State

28 ST CLOUD, FLORIDA

Zip Country

29 34769 30 USA

3. Date Incorporated or Qualified

04/07/1994

4. FEI Number

59-3238271

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

PERROTT, CHRISTOPHER
750 OFFICE PLAZA BLVD.
SUITE 302, UNIT 9
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name PERROTT, CHRISTOPHER
82 Street Address (P.O. Box Number is Not Acceptable)
3611 WILLOW LAKE CT
83
84 City ST CLOUD FL 85 Zip Code 34769

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

C. J. Perrott

4/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD

NAME PERROTT, CHRISTOPHER

STREET ADDRESS 750 OFFICE PLAZA BLVD., SUITE 302, #9

CITY-ST-ZIP KISSIMMEE FL 34744

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSTD

PERROTT, CHRISTOPHER

3611 WILLOW LAKE CT

ST CLOUD FL 34769

Change Address

Addition

Change

Addition

Change

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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

C. J. Perrott

4/23/99

407 957 3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)