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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500005174 (4)

WILLSAN INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1436 OLD CYPRESS TRAIL WEST PALM BEACH FL 33414 1436 OLD CYPRESS TRAIL WEST PALM BEACH FL 33414-6020 FILED
Feb 05 1997 8:00am
Secretary of State



| | | | | 3. Date Incorporated or Qualified 01/17/1995 | 3a. Date of Last Report 04/04/1996 |
|--|--|-----------------------------------|----------------------|---|------------------------------------|
| | tace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 716 N | ANTUCKET CIRCLE | 26 716 NANTHER | COT CIR | 65-0556598 | Not Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State City & State | | | 4. | 6. Election Campaign Financing | \$5.00 May Be |
| 23 LAKE | WOATH, FL | 28 LAKE WOATH | FL | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for i | |
| 24 3346 | 7 25 UJ4 | 29 33467 3 | io USA | | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | |
| PORRO, HILDA M 81 Name | | | | | |
| 13857 WELLINGTON TRACE 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | No. |
| SUITE D-1 | | | 1276 | 69 W. FOREIT HI | |
| WEST PALM BEACH FL 33414 | | | | | |
| 1 | | | | | |
| | | | 84 City | LING TON | 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 Fiorida. 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 required when reinstating) DATE On the procedure of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | D PRES | [] DELETE | 1.1 TITLE | | Change Addition |
| NAME | ISMER, WILLIAM | | 1.2 NAME | | . <u> </u> |
| STREET ADDRESS | 1436 OLD CYPRESS TRAIL | | 1.3 STREET ADDRESS | 716 NANTUCKET C | ' * |
| CITY - ST - ZiP | WEST PALM BEACH FL 33414 | | 1.4 CITY-ST-ZIP | LAKE WOATH, FL | 33460 |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 22 NAME | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 2.4 CITY-ST-ZIP | | İ |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3 4. CITY - ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | 1 |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | 1 |
| City - St - ZiP | | | 5.4 CITY - ST - ZIP | | Ì |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADORESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| | ov certify that the information supplied | with this filing does not a life. | | ted in Section 119.07(3)(i). Florida Statutes | s I further certify that the |

Ido hereby certify that the information supplied with this filing does not filealify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information indicated on this annual report or supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or oriector of the corporation or the receiver or trustee expowered 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

MAMMY DESCRIPTION OF PRINTED NAME OF STORING OFFICER OR DIRECTOR

1-31-97

Daytime Phone #