

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 25 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000052472 (4)

1. Corporation Name
WILLOW TREE MANAGEMENT CORPORATION

Principal Place of Business
POST OFFICE BOX 690937
ORLANDO FL 32869-0937

Mailing Address
POST OFFICE BOX 690937
ORLANDO FL 32869-0937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1995	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3320136	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAYENS, WILLIAM H
6000 SOUTH RIO GRANDE AVENUE
SUITE 103
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYENS, WILLIAM H	1.2 NAME	600002258146--0
STREET ADDRESS	P.O. BOX 690937 (NA)	1.3 STREET ADDRESS	-08/05/97--01064--013
CITY-ST-ZIP	ORLANDO FL 32869-0937	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYENS, THERESA L	2.2 NAME	
STREET ADDRESS	P.O. BOX 690937 (NA)	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32869-0937	2.4 CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYER, PHYLLIS A	3.2 NAME	
STREET ADDRESS	P.O. BOX 690937 (NA)	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32869-0937	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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. 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

CR2E034 (4/97)

Willow Tree Management Corporation

"The Authority in Employment Screening"

Phone: (407) 857-1005

FAX: (407) 857-8911

July 17, 1997

Division of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida

Dear Division of Corporations:

As per my conversation yesterday with your office, enclosed is the Corporate Annual Report for 1997. We had not received the annual report renewal. We realized that it was July and the report had not been filed. This is when we called your office. We spoke to a lady, I believe her name was Melissa. I asked her what I needed to do and she informed me I had three options. She informed me that a 2nd notice was mailed and I could use that form to file the report. I was also instructed to send this letter along with the payment. Enclosed you will find the Corporation Annual Report along with the one hundred and sixty five dollar (\$165.00) filing fee. Please give me a call if you have any questions.

Thank you for your assistance in this matter.

Respectfully,



William H. Rayens
President