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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000009917 (1)** 

WILLOW TRAILS, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



399 CAROLINA AVENUE 399 CAROLINA AVENUE SUITE 250 SUITE 250 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789 WINTER PARK FL 32789 3. Date Incorporated or Qualified 01/31/1996 4. FEI Number 2. Principal Place of Business
21 3396 W Aur port Styd 2a. Mailing Address Applied For 59-3358249 2296WW Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of New Registered Agent 81 Name armstrong, dennis 399 CAROLINA AVENUE SUITE 250 83 WINTER PARK FL 32769 cit Santon 84 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 a cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT). Registered Agent signature required when reinstating) 12. FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ח 1.1 TITLE TITLE ARMSTRONG, DENNIS 1.2 NAME NAME 399 CAROLINA AVENUE, SUITE 250 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE KOIVU, MARK 2.2 NAME HAME 399 CAROLINA AVENUE, SUITE 250 2 3 STREET ADORESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP

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 recycles of 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 change the graph an allockment with an address.

SIGNATURE:

2-24-98 30

302-1252