May 07, 1999 8:00 am Secretary of State

05-07-1999 90154 034 ***150.00

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

DOCUMENT

1. Corporation Name

WILLOW BOND HOLDINGS INC

WILLOW	FOND HOLD	14G3, 114C.												
Principal Plac	e of Business		Mailing Ad	dress				1	1 10011001 120 10210 01111 00111	Diri da ni dani	PORT OF THE	j b ilili bi)))) 1 00) 100)	
101 EAST KENNEDY BLVD SUITE 3300 TAMPA FL 33602 101 EAST KENNEDY BLVD SUITE 3300 TAMPA FL 33602								DO NOT WRITE IN THIS SPACE			<u></u>			
,								3.	Date Incorporated or Qualifed 11/01/1996					
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number			App	lied For			
21		26					<u>59-3410210</u>			Not	Applicable			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired			75 Ac e Req	lditional uired		
City & Stat	e		City & State				6.	Election Campaign Financing Trust Fund Contribution			.00 M	lay Be Fees		
Zip	Zip Country						ountry		This corporation owes the cur	rent year int	angible			
24	25		29	30)			<u> </u>	Personal Property Tax.		X Yes	(□No	
9. Name and Address of Current Registered Agent						_		10.	10. Name and Address of New Registered Agent					
PLIDNC DAVID A							Name							
BURNS, DAVID A						╁	Street Addre	ess (P.	ss (P.O. Box Number is Not Acceptable)					
101 EAST KENNEDY BLVD														
SUITE 3300 TAMPA FL 33602														
IAM	PA FL 33602				84	 	City			FL	85	Zip Co	ode	
44 Pursuant	to the provisions of	Sections 607 0502 a	nd 607 1508	Florida Statutes	the above	-r	named corno	oration	submits this statement for the		changin	a its n	enietorad	
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.											stered			
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						nt si	ignature required			DATE				
ITILE	OFFICERS AND DIRECTORS 13.							A	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE □ Chai		S IN 12	
NAME	BURNS, DAVID A										Unai	-iAe		
·- ····-	404 FACT VENNERY BLVD, CHITT COOK						222500						į	
TANEDA EL COCCO					1.3 STREET			35						
CITY-ST-ZIP	V	<u> </u>		DELETE	1.4 CITY-ST 2.1 TITLE	1-2	(IP				Cha		Addition	
NAME	ACCRONI BOLO					·						igo	☐ Addison	
404 FACT VENNIERY RIVE OURTE 2000					2.2 NAME									
T				2.3 STREET ADDRESS								ľ		
CITY-ST-ZIP IAMPA FL 33602				2.4 CITY-S 3.1 TITLE	2.4 CITY-ST-ZIP		*			☐ Char	000	Addition		
NAME POLLOCK, GEORGE				☐ DELETE			Į				∟] ∪ lai	iåe	☐ vaginou (
ANA PANT MENNIEN MAN ALIE			2200	3.2 NAME										
STREET ADDRESS	TAMPA FL 3360	2300	1											
CITY-ST-ZIP	D TAMPA FL 336L	1 <u>2</u>		DELETE	3.4. CITY-S	T-2	ZIP				☐ Char		☐ Addition	
, mile I	Г				1 4.1 HILE		- 1				I I Una	/IUE	i i Addidon i	

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 suppliemental 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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

GAWTHROP, GENE

TAMPA FL 33602

101 EAST KENNEDY BLVD, SUITE 3300

Change

Change

☐ Addition

☐ Addition