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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033582

1. Corporation Name

WILLINVEST INC.

						· · · ·			11B) IQ1(B 11Q) (QX)
Principal Place	e of Business	Mailing Ad	Idress						
1104 82ND STR	EET N W		STREET N W						
SUITE 302		SUITE 302					DO NOT WRITE IN THIS	SPACE	
BRADENTON FL	. 34209	US	N FL 34209				3. Date Incorporated or Qualifed	, or more	
US		บจ							
		7					04/14/1997		Applied For
2. Principal Pl	ace of Business	2a. Mailing	Address	•	-		4. FEI Number		Applied For
21		26					65-0750164		Not Applicable
Suite, Apt. 1	#, etc.		Apt. #, etc.				=6:=Certifcate of Status Desired=		5. Additional Required
22		27							·
City & State	•	City &	State				6. Election Campaign Financing		00 May Be
23		28					Trust Fund Contribution		ed to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year Ir		
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered A	gent				10. Name and Address of New Registered	Agent	
	ELIGEN ALEVANDED				81	Name			
	EMSEN, ALEXANDER				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	82ND STREET N W								
SUIT	E 302				83	-			
Brai	DENTON FL 34209							Tagl =	
					84	City	FI	85 Z	ip Code
44 Durayant 6	to the availations of Sections 607 0602	and 607 1509	L Florida Statut	es the a	20/8-1	named corpor	ration submits this statement for the purpose of	f changing	its registered
office or re	egistered agent, or both, in the State of	i Fiorida. Such	n change was a	uthorized	by th	ne corporation	's board of directors. I hereby accept the appo	intment as	registered
agent. I ar	m familiar with, and accept the obligation	ons of, Section	n 607.0505, Flo	rida Stati	ıtes.				
SIGNATURE							when reinstation) DATE		
	Signature, typed or printed name of registered agent				Agent s	signature required v	ADDITIONS/CHANGES TO OFFICERS A	ND OIREC	TORS IN 12
12.	OFFICERS AND	DIRECTORS	DELETE	13. 1.1 TI			ADDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE	D					l l			
NAME			□ OCILIL			1			
	WILLEMSEN, ALEXANDER		- OCILIC	1.2 N/	ME			<u>_</u>	
STREET ADDRESS	1104 82ND ST N W		- Oftric	1.2 N/	ME	ADDRESS		<u>_</u>	
STREET ADDRESS CITY-ST-ZIP				1.2 N/ 1.3 S1	ME				
· .	1104 82ND ST N W		DELETE	1.2 N/ 1.3 S1	ME REET A TY-ST-2			☐ Chan	ge
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	1104 82ND ST N W		DELETE DELETE	1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	ME REET A Y-ST LE ME REET A REET A TY-ST- LE AME REET A REET A AME REET A REET A TY-ST LE ME REET A REET A TY-ST LE ME REET A TY-ST REET A TY-ST REET A	ZIP ADDRESS ADDRESS ZIP ADDRESS ZIP ADDRESS		☐ Chan	ge Addition ge Addition

14. I hereby certify that the information supplied with this filing does not gualfy 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 employered to effect 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.50