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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90121 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000043854 1. Corporation Name WILLOW LAKE PROPERTIES, INC.					
Principal Place of Business 577 SOUTH DUNCAN AVENUE CLEARWATER FL 33756			Mailing Address 577 SOUTH DUNCAN AVENUE CLEARWATER FL 33756		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1721 RAINBOW DR. Suite, Apt. #, etc.			2a. Mailing Address 26 1721 RAINBOW DR. Suite, Apt. #, etc.		
22 City & State CLEARWATER, FL. Zip 33755 County PUELLAS			27 City & State CLEARWATER, FL. Zip 33755 Country PINELLIS		
23 33755 PUELLAS			29 33755 PINELLIS		
9. Name and Address of Current Registered Agent AGER, SIMON A 13663 65TH ST N LARGO FL 33771			10. Name and Address of New Registered Agent 81 Name J. MARCUS VERNON, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1721 RAINBOW DRIVE. 84 City CLEARWATER FL 33755		
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 607.0503, Florida Statutes. SIGNATURE X J. MARCUS VERNON 5/27/99 4444 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME AGER, SIMON A STREET ADDRESS 13663 65TH ST N CITY-STATE-ZIP LARGO FL 33771			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE VT <input type="checkbox"/> DELETE NAME MASON, PETER B STREET ADDRESS 13663 65TH ST N CITY-STATE-ZIP LARGO FL 33771			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE SV <input type="checkbox"/> DELETE NAME TRAYNHAM, JOSEPH STREET ADDRESS 13663 65TH ST N CITY-STATE-ZIP LARGO FL 33771			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APR 99 **(127)**
444-4444
 Date Daytime Phone #

CR2E034 (1/98)