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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000082014**

1. Corporation Name
WILLOWOOD CORPORATION, INC.

Principal Place of Business	Mailing Address
2050 US 1. BOX 60 MALABAR FL 32950	2050 US 1. BOX 60 MALABAR FL 32950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/22/1998

2. Principal Place of Business	2a. Mailing Address
21 8125 US 1	26 8125 US 1 Lot #35
Suite, Apt. #, etc. 22 Wabasso	Suite, Apt. #, etc. 27 Vero Beach
City & State 23 Fl	City & State 28 Fl. 32967
Zip 24 32970 Country 25 INDIAN River	Zip 29 Country 30 Tint River

4. FEI Number: 59-3533874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CICCONE, BRENDA
2050 US 1, BOX 60
MALABAR FL 32950

10. Name and Address of New Registered Agent

81 Name: Ciccone Brenda
82 Street Address (P.O. Box Number is Not Acceptable): 8125 US#1 Lot # 35
83
84 City: Vero Beach FL 85 Zip Code: 32967

11. Pursuant to the provisions of Sections 607.0502 and 607.1809, 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: Brenda Ciccone Brenda Ciccone DATE: 3-5-99
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	CICCONE, BRENDA		1.2 NAME	Ciccone Brenda	
STREET ADDRESS	2050 US 1, BOX 60		1.3 STREET ADDRESS	8125 US #1 Lot #35	
CITY-ST-ZIP	MALABAR FL 32950		1.4 CITY-ST-ZIP	Vero Beach Fl 32967	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	SCHAAR, DAVID		2.2 NAME	Schaar David	
STREET ADDRESS	2050 US 1, BOX 60		2.3 STREET ADDRESS	8125 US#1 Lot #35	
CITY-ST-ZIP	MALABAR FL 32950		2.4 CITY-ST-ZIP	Vero Beach Fl 32967	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Ciccone REQUIRED Brenda Ciccone 3-5-99 561-388-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #