

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90002 005 ***150.00

DOCUMENT # P98000098881

1. Corporation Name

WILLOWBANK FLORIDA, INC.



Principal Place of Business

~~1098-60- MILITARY TR., #206-
DEERFIELD BEACH FL 33442~~

Mailing Address

~~1098-60- MILITARY TR., #206-
DEERFIELD BEACH FL 33442~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

2. Principal Place of Business

21 9835-16 LAKE WORTH RD.

Suite, Apt. #, etc.

22 175

City & State

23 LAKE WORTH, FL

Zip

24 33467

Country

25 U.S.A.

2a. Mailing Address

26 9835-16 LAKE WORTH RD.

Suite, Apt. #, etc.

27 175

City & State

28 LAKE WORTH

Zip

29 33467

Country

30 U.S.A.

4. FEI Number

65-0904353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

TIAN, LARISSA

~~1098-60- MILITARY TR., #206-
DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

9835-16 LAKE WORTH RD. #175

83

84 City

LAKE WORTH

FL

85 Zip Code

33467

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD TIAN, LARISSA

STREET ADDRESS 1098-60- MILITARY TR., #206

CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME S TSAI, VICTOR

STREET ADDRESS 1098-60- MILITARY TR., #206

CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT TIAN, LARISSA

1.3 STREET ADDRESS 9835-16 LAKE WORTH ROAD #175

1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME NICE-PRESIDENT

2.3 STREET ADDRESS TSAY, VICTOR

2.4 CITY-ST-ZIP 9835-16 LAKE WORTH ROAD #175

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SECRETARY

3.3 STREET ADDRESS MINKO OLEG I.

3.4 CITY-ST-ZIP 9835-16 LAKE WORTH ROAD #175

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] LARISSA TIAN, PRESIDENT 3/19/99 954/698-5975

CR25024-11108

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