

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H16456** (6)

1. Corporation Name
JIM WALTER INTERNATIONAL CORPORATION



Principal Place of Business: **4010 BOY SCOUT BLVD. TAMPA FL 33607**
Mailing Address: **4010 BOY SCOUT BLVD. TAMPA FL 33607**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1984	3a. Date of Last Report 01/31/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2439069		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. County	30. Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGE S TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	DS	<input type="checkbox"/> DELETE	13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, CHARLES E		12. NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		13. STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		14. CITY, ST, ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, D.M.		2. 2. NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		2. 3. STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		2. 4. CITY, ST, ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3. 1. TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRIEVER, R BLAIR		3. 2. NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.		3. 3. STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		3. 4. CITY, ST, ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOTT, JC		4. 2. NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD		4. 3. STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		4. 4. CITY, ST, ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5. 1. TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BARR, M. M.		5. 2. NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD		5. 3. STREET ADDRESS		
CITY, ST, ZIP	TAMPA FL		5. 4. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6. 2. NAME		
STREET ADDRESS			6. 3. STREET ADDRESS		
CITY, ST, ZIP			6. 4. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marie M. O'Barr* Marie M. O'Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-873-4162
Express Release #

CR2E034 (12/95)