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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90006 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053810

1. Corporation Name
JWH INVESTMENT MANAGEMENT, INC.



Principal Place of Business 301 YAMATO ROAD SUITE 2222 BOCA RATON FL 33431	Mailing Address 301 YAMATO ROAD SUITE 2222 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/12/1995	4. FEI Number 65-0597266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

~~SIDER, DONALD C~~
~~150 EAST BOGA RATON ROAD~~
~~BOCA RATON FL 33432~~

Please note that this was changed on 1998 Annual Report

10. Name and Address of New Registered Agent

81 Name Edwin B. Twist	82 Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road, Suite 2200
83	
84 City Boca Raton	85 State FL
	86 Zip 33431

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 607.0502, Florida Statutes.

SIGNATURE *Edwin B. Twist* DATE **1/27/99**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HENRY, JOHN W
STREET ADDRESS	301 YAMATO ROAD, SUITE 2222
CITY-ST-ZIP	BOCA RATON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KOZAK, DAVID M.
STREET ADDRESS	ONE GLENDINNING PLACE
CITY-ST-ZIP	WESTPORT CT
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	NANCE, SCOTT J.
STREET ADDRESS	301 YAMATO RD, STE 2200
CITY-ST-ZIP	BOCA RATON FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KENTON, ELIZABETH A.M.
STREET ADDRESS	ONE GLENDINNING PLACE
CITY-ST-ZIP	WESTPORT CT
TITLE	D <input type="checkbox"/> DELETE
NAME	TWIST, EDWIN B.
STREET ADDRESS	301 YAMATO ROAD, STE 2200
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kevin J. Treacy
3.3 STREET ADDRESS	One Glendinning Place
3.4 CITY-ST-ZIP	Westport, Connecticut 06880
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Christopher E. Deakins
6.3 STREET ADDRESS	One Glendinning Place
6.4 CITY-ST-ZIP	Westport, Connecticut 06880

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: *David M. Kozak* **REQUIRED** DATE: **1/12/99** DAYTIME PHONE #

(203) 221-0431

CR2E034 (11/98)