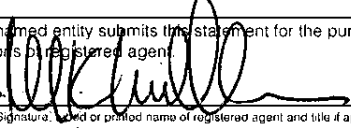
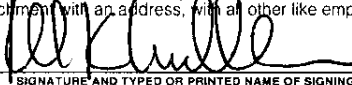


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90010 038 ***150.00

DOCUMENT # P98000037911					
1. Entity Name JSW OF PALM BEACH, INC					
Principal Place of Business 1105 BARNETT DRIVE LAKE WORTH, FL 33461			Mailing Address 1105 BARNETT DRIVE LAKE WORTH, FL 33461		
2. Principal Place of Business 1107 Barnett Dr Suite, Apt. #, etc.		3. Mailing Address 1107 Barnett Dr Suite, Apt. #, etc.			
City & State Lake Worth FL		City & State Lake Worth, FL		4. FEI Number 65-0830799	
Zip 33461		Country ?		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, RICHARD 1105 BARNETT DRIVE LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1107 Barnett Dr City Lake Worth FL Zip Code 33461		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent. SIGNATURE:  DATE: 1-29-04 Signature: Word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, RICHARD 808 S. PALMWAY LAKE WORTH, FL 33460 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENARD, MARK E 6703 LAWRENCE WOODS CT LANTANA, FL 33462 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1350 Pampas Way Wellington, FL 33414 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOCKING, R. SCOTT 821 HIBISCUS DR ROYAL PALM BCH, FL 33411 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered. SIGNATURE:  DATE: 1-29-04 DAYTIME PHONE: 561-588-8746 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					