

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F43633** (9)
1. Corporation Name
J H M CORP.



Principal Place of Business MEHLICH, ROEGIERS, GOLDIN & CO. 701 COLORADO AVENUE - ATTN: GERALD MEHLICH STUART FL 34995-3239 US	Mailing Address MEHLICH, ROEGIERS, GOLDIN & CO. 701 COLORADO AVENUE - ATTN: GERALD MEHLICH STUART FL 34995-3239 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1981	
21		26		4. FEI Number 59-2127019	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**MEHLICH, GERALD
MEHLICH, ROEGIERS, GOLDIN & CO.
701 COLORADO AVENUE
STUART FL 34995-3239**

10. Name and Address of New Registered Agent

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL W	
STREET ADDRESS	80 TALLWOOD LANE	
CITY-ST-ZIP	WILLINGBORO NJ 08046	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARTIN, JANE A	
STREET ADDRESS	3636 CRYSTAL SPRINGS ROAD, N.E.	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTIN, SUSAN J	
STREET ADDRESS	4101 S.W. EGRET POND TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AGUAYO, LUIS GERARDO	
STREET ADDRESS	3636 CRYSTAL SPRINGS ROAD, N.E.	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, DIANE M	
STREET ADDRESS	80 TALLWOOD LANE	
CITY-ST-ZIP	WILLINGBORO NJ 08046	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> 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.

SIGNATURE *[Signature]* _____

CR2E034 (10/97)