

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

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90163 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F43633**

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 <b>09/08/1981</b>	4. FEI Number <b>59-2127019</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country	28 Zip Country	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		10. Name and Address of New Registered Agent		
MEHLICH, GERALD MEHLICH, ROEGIERS, GOLDIN & CO. 701 COLORADO AVENUE STUART FL 34995-3239		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL W	1.2 NAME	MARTIN, Michael W.
STREET ADDRESS	80 TALLWOOD LANE	1.3 STREET ADDRESS	PO Box 309a
CITY-ST-ZIP	WILLINGBORO NJ 08046	1.4 CITY-ST-ZIP	Flagstaff, AZ 86003
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JANE A	2.2 NAME	
STREET ADDRESS	3636 CRYSTAL SPRINGS ROAD, N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SUSAN J	3.2 NAME	
STREET ADDRESS	4101 S.W. EGRET POND TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAYO, LUIS GERARDO	4.2 NAME	
STREET ADDRESS	3636 CRYSTAL SPRINGS ROAD, N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DIANE M B.	5.2 NAME	MARTIN, Diane M.
STREET ADDRESS	80 TALLWOOD LANE	5.3 STREET ADDRESS	PO Box 309a
CITY-ST-ZIP	WILLINGBORO NJ-08046	5.4 CITY-ST-ZIP	Flagstaff, AZ 86003
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" 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 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: *[Signature]* **FEB 4, 1999** Date **520 213 9881** Daytime Phone #

CR2E034 (11/98)