

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

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K53070 (4)**

1. Corporation Name  
**J C W, INC.**



Principal Place of Business

**% JOHN C. WILSHUSEN  
207 SOUTH LOCKMOOR AVENUE  
TEMPLE TERRACE FL 33617**

Mailing Address

**% JOHN C. WILSHUSEN  
207 SOUTH LOCKMOOR AVENUE  
TEMPLE TERRACE FL 33617-6333**

3. Date Incorporated or Qualified  
**12/20/1988**

3a. Date of Last Report  
**04/08/1996**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip 30 Country

4. FEI Number  
**59-2932923**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**WILSHUSEN, JOHN C.  
207 SOUTH LOCKMOOR AVENUE  
TEMPLE TERRACE FL 33617**

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSHUSEN, RUSSELL E.</b>	
STREET ADDRESS	<b>1930 W SAN MARCOS BLVD, #106</b>	
CITY-ST-ZIP	<b>SAN MARCOS CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSHUSEN, ANN S.</b>	
STREET ADDRESS	<b>1930 W. SAN MARCOS BLVD., #106</b>	
CITY-ST-ZIP	<b>SAN MARCOS CA</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>KEITH, SANDRA L</b>	
STREET ADDRESS	<b>320 BAY VISTA AVE</b>	
CITY-ST-ZIP	<b>OSPREY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSHUSEN, JOHN C</b>	
STREET ADDRESS	<b>207 S. LOCKMOOR AVE.</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97  
Date

813 988 7107  
Daytime Phone #

CR2E034 (9/96)