

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morgham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002690 (4)**  
 1. Corporation Name  
**JLM - HEADQUARTERS, INC.**



Principal Place of Business <b>713 BILTMORE WAY CORAL GABLES FL 33134</b>	Mailing Address <b>713 BILTMORE WAY CORAL GABLES FL 33134</b>
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3. Date Incorporated or Qualified <b>06/01/1995</b>	
4. FEI Number <b>65-0657889</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**SPACE, SANDRA C  
 713 BILTMORE WAY  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLL, SUSAN J</b>	1.2 NAME	
STREET ADDRESS	<b>713 BILTMORE WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARVEY, LORI</b>	2.2 NAME	
STREET ADDRESS	<b>713 BILTMORE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOORMAN, KATHLEEN</b>	3.2 NAME	<b>Doelle, M. Helstein</b>
STREET ADDRESS	<b>713 BILTMORE WAY</b>	3.3 STREET ADDRESS	<b>713 Biltmore Way</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACCULLOUGH, KARA</b>	4.2 NAME	<b>S, D Betsy Nyhart</b>
STREET ADDRESS	<b>713 BILTMORE WAY</b>	4.3 STREET ADDRESS	<b>713 Biltmore Way</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	4.4 CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIANCHI, JULIA R</b>	5.2 NAME	<b>V, D Julia R. Bianchi</b>
STREET ADDRESS	<b>4821 FISHER ISLAND DRIVE</b>	5.3 STREET ADDRESS	<b>713 Biltmore Way</b>
CITY-ST-ZIP	<b>FISHER ISLAND FL 33109</b>	5.4 CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAUSBAUGH, VIVIANNE W</b>	6.2 NAME	
STREET ADDRESS	<b>6900 GRANADA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Lori L. Harvey** 4/27/98 (305) 536-1678

CR2E037 (10/97)