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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002690

1. Corporation Name
JLM - HEADQUARTERS, INC.

* 3 6 9 5 3 8 - 9 0 3 0 4 - 7 *

Principal Place of Business
 713 BILTMORE WAY
 CORAL GABLES FL 33134

Mailing Address
 713 BILTMORE WAY
 CORAL GABLES FL 33134



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/01/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0657889	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPACE, SANDRA C 713 BILTMORE WAY CORAL GABLES-FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MOLL, SUSAN J	1.2 NAME	
STREET ADDRESS	713 BILTMORE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	T/D
NAME	HARVEY, LORI	2.2 NAME	
STREET ADDRESS	713 BILTMORE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	33134
TITLE	D	3.1 TITLE	
NAME	HELSTEIN, JOELLE M	3.2 NAME	
STREET ADDRESS	713 BILTMORE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	NYHART, BETSY	4.2 NAME	
STREET ADDRESS	713 BILTMORE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	BIANCHI, JULIA R	5.2 NAME	
STREET ADDRESS	713 BILTMORE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	PD
NAME		6.2 NAME	Laurie C. Schobelock
STREET ADDRESS		6.3 STREET ADDRESS	713 Biltmore Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, FL 33134

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, with all other like empowered.

SIGNATURE: *L. Harvey* DATE: 4/14/99 DAYTIME PHONE: (305) 858-0746

CR2E037 (11/98)