FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:20

DOCUMENT # **P93000001470 (2)**

1. Corporation Name
JWT,RSM I, INC.

Principal Place of Business	Mailing Address
2300 N.W. CORPORATE BLVD. SUITE 238 BOCA RATON FL 33431	2300 N.W. CORPORATE BLVD. SUITE 238 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/08/1993	02/08/1994

21	2. Principal Place of Business	26	2a. Mailing Address: 902 CLINT MOORE RD
22	Sub, Apt. #, etc.	27	Suite, Apt. #, etc.: #-100
23	City & State	28	City & State: BOCA RATON FL
24 / 25	Zip / Country	29 / 30	Zip: 33487 / Country: PALM BCH

4. FEI Number: 65-0436202 ☐ 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	10. Name and Address of New Registered Agent
'OLLER, JERI % MERSHON SAWYER JOHNSTON DUNWODY & COLE 200 S. BISCAYNE BLVD., SUITE 4500 MIAMI FL 33131-2387	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TEMPLE, JOHN W	1.2 NAME	
STREET ADDRESS	2300 N.W. CORPORATE BLVD., SUITE 238	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	MORRISON, R S	2.2 NAME	
STREET ADDRESS	2300 N.W. CORPORATE BLVD., SUITE 238	2.3 STREET ADDRESS	902 CLINT MOORE ROAD #4-100
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	S	3.1 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	WIELHOUWER, DEANNA	3.2 NAME	ELAINE PALELLA
STREET ADDRESS	2300 NBW CORPORATE BLVD., STE. 238	3.3 STREET ADDRESS	902 CLINT MOORE RD #4-100
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report (list) 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 attached report with an address.

SIGNATURE: _____ 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288304 CP