FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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	902 CLINT MOORE RD 4-100 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 01/08/1993

3a. Date of Last Report: 02/01/1995

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

2. Principal Place of Business	2a. Mailing Address
21 243 N.E. 5th Ave.	26 243 N.E. 5th Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Delray Beach, FL	28 City & State: Delray Beach, FL
24 Zip: 33444 25 Country: U.S.A.	29 Zip: 33444 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

POLLER, JERI
% MERSHON SAWYER JOHNSTON DUNWODY & COLE
200 S. BISCAYNE BLVD., SUITE 4500
MIAMI FL 33131-2387

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 _____ DATE
Signature, typed or printed name of Agent accepting appointment and title of that application (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRISON, R S		2.2 NAME	Morrison, R S	
STREET ADDRESS	~~902 CLINT MOORE ROAD #4-100~~		2.3 STREET ADDRESS	243 N.E. 5th Ave.	
CITY-ST-ZIP	~~BOCA RATON FL~~		2.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	PACELLA, ELAINE		3.2 NAME	Reed, M. Lizabeth	
STREET ADDRESS	902 CLINT MOORE RD #4-100		3.3 STREET ADDRESS	243 N.E. 5th Ave.	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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 added on an attachment with an address.

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

CR2E034 (12/95)