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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400006555 (4)

JWM CONMART, INC.

FILED Mar 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						. 100.120/ 1/0 lets sien sein 25/6 \$6/4		*****	·#· \$111 (##1
1900 RINGLING SARASOTA FL		P.O. BOX 1238 SARASOTA FL 34230	-1238						
						3. Date Incorporated or Qualified 01/13/1994		te of Last 0/1996	
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			Applied For
21		26				65-0467112			Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i			r s. 199.032,
24			30			Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of C	urrent Registered Agent		81	Name	10, Name and Address of New He	gistered .	rgent	
	HAD, JOHN W			ا"	Name				
• • •	ringling blvd. Asota fl 34236		Ł		Street Addr	dress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	85 Zi	p Code
11. Pursuant for real factors of the agent. Later	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida State of Florida Such change obligations of Section 607.050	Statutes, the ab was authorized 05, Florida Statu	oove- d by t utes.	named corp he corporat	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of t the app	changing ointment a	j its registered as registered
SIGNATURE.	Signature typical or printed harmoof registr	and area and the standards	(NOTE: Pro-stered	I Anna	rianatire termin	ed when reinstating)	DATE		
12.		RS AND DIRECTORS	13.	ı ı Abrili	algitatore radion	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
THE	DPT	DELET	E 1.1 TIT	LE.				Change	e Addition
NAME .	MESHAD, JOHN W.		1.2 NA	ME)				
STREET ADDRESS	1900 RINGLING BLVD		1.3 ST	REET A	DDRESS				
CITY+ST-ZIP	SARASOTA FL			[Y-S]-	ZIP				
THILE	DVP	☐ DELET	E 2.1 FIT	LE				Change	e
NAME	MESHAD, ELAINE B.		2.2 NA		-				
STREET ADDRESS	1900 RINGLING BLVD				DORESS				
C-TY-ST-ZIP	SARASOTA FL	T noise		TY - ST	- ZIP			TT Chang	a Addition
THLE	S DOCENOW PROWN DAM	DELET						Change	e Addition
NAME STREET ADDRESS	ROSENOW-BROWN, PAMI 1900 RINGLING BLVD	ELA 3.	32 NA		DDAESS				
STREET ADDRESS CITY+ST-ZIP	SARASOTA FL		3.4. Cr		i				
TITLE :	VINIVALLE	DELET			- LIF			Change	e Addition
NAME		*****	4 2 NA					_ •	_
STREET ADORESS			4.3 ST	REET A	DORESS				
City-St-7P				TY - \$T -					
1·TLF		DELET	E 5.1 T()	LE				Change	e Addition
NAME			5.2 NA	ME					
STREET ADORESS			5.3 \$1	REET A	DORESS				
CITY-S1-ZIF				1Y-\$1-	- ZIP				·····
TITLE		☐ DELET						Change	e 🔲 Addition
N4M (6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET A	DDRESS				
CITY+ST-ZIP				TY-ST-					
14. Loo heret	by certify that the information su	applied with this filing does not	quality for the	exem	option stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	certify the	at the

I do notice year the information supplied with this nining does not quality for the extemption stated in Section 1.19.07(5)(i), Fronta 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 manged, or op in attachment with an address.

SIGNATURE: