

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 # P95000044387 (5)

1. Corporation Name
JW LANDHOLDING, INC.



Principal Place of Business
5420 MAULE WAY
MANGONIA PARK FL 33407

Mailing Address
PO BOX 16245
WEST PALM BEACH FL 33416

3. Date Incorporated or Qualified 05/30/1995 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0587284	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

JARRIEL, ROBERT J
5420 MAULE WAY
MANGONIA PARK FL 33407

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

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	D JARRIEL, ROBERT J [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	800 RANCH RD.	12 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33411	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D JARRIEL, GLORIA A [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	800 RANCH RD.	22 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33411	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	D WICHTERMAN, THOMAS O [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	5662 SNEAD CIRCLE	32 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33413	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	D WICHTERMAN, BOBBIE [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	5662 SNEAD CIRCLE	42 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33413	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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 on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 407-842-3643 Date Daytime Phone #

CR2E034 (12/95)