

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

FILED

May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000049334 (1)**

1. Corporation Name

**JWH ASSET MANAGEMENT, INC.**

Principal Place of Business

**301 YAMATO RD.  
SUITE 2200  
BOCA RATON FL 33431-4931**

Mailing Address

**301 YAMATO RD.  
SUITE 2200  
BOCA RATON FL 33431-4931**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 06/10/1996	<b>3a. Date of Last Report</b> Applied For Not Applicable
<b>4. FEI Number</b> 65-0686472		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**9. Name and Address of Current Registered Agent**

**MITCHELL, MARK H  
C/O JOHN W. HENRY & COMPANY, INC.  
301 YAMATO RD., STE. 2200  
BOCA RATON FL 33431-4931**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	<b>100002175191</b>
	<b>-05/12/97--01104--048</b>
<b>84</b> City	<b>***165.00 FL</b>
<b>85</b> 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	<input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	John W. Henry
STREET ADDRESS		1.3 STREET ADDRESS	301 Yamato Road Suite 2200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton FL 33431-4931
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Mark H. Mitchell
STREET ADDRESS		2.3 STREET ADDRESS	301 Yamato Road Suite 2200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton FL 33431-4931
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Edwin B. Twist
STREET ADDRESS		3.3 STREET ADDRESS	301 Yamato Road Suite 2200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton FL 33431-4931
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Julius A. Staniewicz
STREET ADDRESS		4.3 STREET ADDRESS	301 Yamato Road Suite 2200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton FL 33431-4931
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Elizabeth A.M. Kenton
STREET ADDRESS		5.3 STREET ADDRESS	One Glendinning Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Westport CT 06880
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	David M. Kozak
STREET ADDRESS		6.3 STREET ADDRESS	One Glendinning Place
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Westport CT 06880

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John W. Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97  
Date

(66) 241-008  
Daytime Phone #

CR2E034 (9/96)