

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070592 (6)**

1. Corporation Name
JW FINANCIAL, INC.

Principal Place of Business
**1560 GULF BLVD.
CLEARWATER FL 33767**

Mailing Address
**1560 GULF BLVD.
CLEARWATER FL 33767**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1560 GULF BLVD Suite, Apt. #, etc. 22 SUITE 1705 City & State 23 CLEARWATER, FL 33767 Zip Country		2a. Mailing Address 26 1560 GULF BLVD Suite, Apt. #, etc. 27 SUITE 1705 City & State 28 CLEARWATER, FL 33767 Zip Country		3. Date Incorporated or Qualified 08/23/1996	
				4. FEI Number 59-3252869	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PUNZAK, DAVID R 200 CENTRAL AVENUE BARNETT TOWER 20H FLOOR ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent 81 Name KAVANAGH, JOHN H 82 Street Address (P.O. Box Number is Not Acceptable) 1560 GULF BLVD 83 SUITE 1705 84 City CLEARWATER, FL 85 Zip Code 33767			
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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 *John H. Kavanagh* **JOHN H. KAVANAGH, DIRECTOR** 04/10/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing a change)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAVANAGH, JOHN			1.2 NAME	KAVANAGH, JOHN H		
STREET ADDRESS	7183 123RD CIRCLE NORTH			1.3 STREET ADDRESS	1560 GULF BLVD, SUITE 1705		
CITY - ST - ZIP	LARGO FL 33773			1.4 CITY - ST - ZIP	CLEARWATER, FL 33767		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SEC. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, WONDEL JR			2.2 NAME	KAVANAGH, JOANNE M		
STREET ADDRESS	7183 123RD CIRCLE NORTH			2.3 STREET ADDRESS	1560 GULF BLVD, SUITE 1705		
CITY - ST - ZIP	LARGO FL 33773			2.4 CITY - ST - ZIP	CLEARWATER, FL 33767		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I 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 H. Kavanagh* **JOHN H KAVANAGH, DIR** 04/10/98

CR2E034 (10/97)