

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 027 ***150.00

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DOCUMENT # **P98000015915**

1. Entity Name
JW 1998 CORPORATION



Principal Place of Business
**100 EXECUTIVE WAY
SUITE #110
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**100 EXECUTIVE WAY
SUITE #110
PONTE VEDRA BEACH FL 32082
US**

11037014



2. Principal Place of Business
4439 Seabreeze Dr.

3. Mailing Address
4439 Seabreeze Dr.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
JACKSONVILLE, FL

Zip
32250 Country

Zip
32250 Country

4. FEI Number
59-3492725

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREWELL, BRUCE W
~~200 EXECUTIVE WAY
PONTE VEDRA BEACH FL 32082~~**

7. Name and Address of New Registered Agent
Name
Bruce W. Grewell

Street Address (P.O. Box Number is Not Acceptable)
4439 Seabreeze Dr.

City
JACKSONVILLE, FL Zip Code
32250

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE NA (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JULIAN, DAVID 580 WASHINGTON STREET GLENCOE IL 60022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIAN, ROBERT 812 OAK STREET, SUITE #402 WINNETKA IL 60093 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREWELL, BRUCE 4439 SEABREEZE DRIVE JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIPTIS JOHN J. WOLOSZYN 323 W. CAMDEN ST, Suite 675 BALTIMORE, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: John J. Woloszyn DATE: **4/29/03** 410-659-7330

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN J. WOLOSZYN Pres.** Daytime Phone #

CR2E034 (10/02)