FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:22

DOCUMENT # **S04042** **(5)**

1. Corporation Name

JWH APPLICATION CORPORATION

Principal Place of Business	Mailing Address
301 YAMATO RD. STE ~~2110~~ BOCA RATON FL ~~33431-1917~~	301 YAMATO RD. STE ~~2110~~ BOCA RATON FL ~~33431-1917~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/04/1990	3a. Date of Last Report: 02/16/1994
4. FEI Number: 06-1305901	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 2200	Suite, Apt. #, etc.: 27 2200
City & State: 23	City & State: 28
Zip: 24 33431-4929 Country: 25	Zip: 29 33431-4929 Country: 30

9. Name and Address of Current Registered Agent

TWIST, EDDIE
301 YAMATO RD
~~02110~~ Suite 2200
BOCA RATON FL 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	☒ Change ☐ Addition	
NAME	SCOYNI, MICAEHL J.	12 NAME	SCOYNI, MICHAEL J.	
STREET ADDRESS	301 YAMATO RD, S2110	13 STREET ADDRESS	301 YAMATO RD, STE 2200	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	☒ Change ☐ Addition	
NAME	MCGUIRE, JOSEPH F.	22 NAME		
STREET ADDRESS	ONE GLENDINNING PL	23 STREET ADDRESS	D E L E T E	
CITY-ST-ZIP	WESTPORT CT	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	☐ Change ☐ Addition	
NAME	BOZARTH, THOMAS C.	32 NAME		
STREET ADDRESS	ONE GLENDINNING PL	33 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	☐ Change ☐ Addition	
NAME	NEMIROW, BRUCE I.	42 NAME		
STREET ADDRESS	ONE GLENDINNING PL	43 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	44 CITY-ST-ZIP		
TITLE	S/D	51 TITLE	☐ Change ☒ Addition	
NAME	RYNG, JACK M.	52 NAME		
STREET ADDRESS	ONE GLENDINNING PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT 06880	54 CITY-ST-ZIP		
TITLE		61 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)(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: _____ Bruce Nemirow 3-15-95 (203) 221-0431
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #