

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 # **K11323 (8)**

1. Corporation Name
JTECH INCORPORATED



Principal Place of Business: **6413 CONGRESS AVE. SUITE 150 BOCA RATON FL 33487**
Mailing Address: **6413 CONGRESS AVE. SUITE 150 BOCA RATON FL 33487**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1988	3a. Date of Last Report 05/11/1995
21		26		4. FEI Number 65-0023121	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	25		30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAHAM, JEFFREY J SR 6413 CONGRESS AVE. SUITE 150 BOCA RATON FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCT	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM, JEFFREY J., SR.			1.2 NAME	Dominick, David		
STREET ADDRESS	947 FERN DRIVE			1.3 STREET ADDRESS	Information Partners		
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP	Two Copley Place Boston, Ma 02116		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM, JEFFREY J., JR.			2.2 NAME	Spinale, Paul		
STREET ADDRESS	2510 NE 51ST STREET			2.3 STREET ADDRESS	Information Partners		
CITY-ST-ZIP	LIGHTHOUSE POINT FL			2.4 CITY-ST-ZIP	Two Copley Place Boston, MA 02116		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALLBURTON, RONALD			3.2 NAME	Krupka, Michael		
STREET ADDRESS	951 FERN DR.			3.3 STREET ADDRESS	Information Partners		
CITY-ST-ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP	Two Copley Place Boston, MA 02116		
TITLE	DP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DAVID T.			4.2 NAME			
STREET ADDRESS	4175 SW OAKHAVEN LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Spinale, Paul			5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Krupka, Michael			6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: _____ DATE: **25 Apr 96** DAYTIME PHONE #: **407-999-0772**

CR2E034 (12/95)