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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000027266 (1)

1.	JTS PLU	, , ,	& MECHAI		21200	(')							
Principal Place of Business Mailing Address									,	T ERBITARI NIO IDIAN DIAN BONIN TONIN T	Bill <b>bo</b> il <b>s</b> th	NY NE BAO ANGIO DIAN	1 0 111 1501
					12600 189TH COURT NORTH JUPITER FL 33478-3787								
									3. Date Incorporated or Qualified 03/27/1996	3a.	Date of Last Ri	eport	
	Principal Pi	Place of Business			2a. Mailing Address					4. FEI Number	77		plied For
21	Sulte, Apt.	e, Apt. #, etc.			Suite, Apt. #, etc.					UB 043 40		\$8.75	Additional
22					27					6. Certificate of Status Desired		Fee Re	
23	City & State				City & State					Election Campaign Financing     Trust Fund Contribution	[T]	\$5.00 Added t	
23	Zip	p Country			Zip		Country			8. This corporation has liability for	or intangih		
24	25				29 30					Florida Statutes	Yes	☐ No	
9. Name and Address of Current Registered Agent							81	Nar		10. Name and Address of New I	legistere	d Agent	
		CHELL, LA		<b>17</b> 1.1			01	Ivar	ne 				
1		300 189TH COURT NORTH PITER FL 33478					82	2 Street Add		ess (P.O. Box Number is Not Accept	able)		
	JUF	ii Len i E u	U110				83			······································			
i						ļī						<b>85</b> Zip (	Code
11	. Pursuant	to the provi	sions of Section	ns 607.0502 an	d 607 1508. Florid	ia Statutes	the above-named corpo			oration submits this statement for the	Flurnose		s registered
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 cf. 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											opointment as	registered	
SIGNATURE 3												_	
12		Signature type		registered agent and ICERS AND DI		(NOTE: Re	ngistered Age	ent signa	ture require	ed when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTOR	S IN 12
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NA	ME	MITCHELL, THOMAS P III					1.2 NAME						
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	Y-ST-ZIP		FL 33478	The	· FYC	1.4 CITY-ST-ZIP				·	T Character	A dation	
TIT			LL, LAUREEN	J T	□ DE	EE IE	2.1 TITLE 2.2 NAME		1			Change	Addition
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	Y-ST-ZIP		FL 33478		•		2. 4 CITY-ST-ZIP						
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NA	ME						3.2 NAME		[				
	REET ADDRESS						3.3 STREET		SS				
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NA STA	ŀ						6.2 NAME	Annor					
511	REET ADDRESS						63 STREET	AUUKE	D3				

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 changes of on an attachment with an address.

2/19/00

744-9057

**FILED** 

Jul 23 1997 8:00am

Secretary of State