

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

**FILED**  
**Jan 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J81622 (9)**

1. Corporation Name  
**JMT AND JMT ENTERPRISES, INC.**



Principal Place of Business <b>653 MARINA POINT DRIVE                  DAYTONA BEACH FL 32114-5044</b>	Mailing Address <b>653 MARINA POINT DRIVE                  DAYTONA BEACH FL 32114-5044</b>
---	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/02/1987</b>	3a. Date of Last Report <b>03/12/1996</b>
21. Subc. Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2827614</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES INC.                  150 MAGNOLIA AVENUE                  DAYTONA BEACH FL 32015</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	NAME <b>TESSIER, YVON J.</b>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>653 MARINA POINT</b>	CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>S</b>	NAME <b>COLLINS, JOANNA T.</b>	1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>2446 LAKE TALMADGE DRIVE</b>	CITY-ST-ZIP <b>DELAND FL</b>	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME <b>JOANNA T. TESSIER</b>	
		2.3 STREET ADDRESS <b>653 MARINA POINT</b>	
		2.4 CITY-ST-ZIP <b>DAYTONA BEACH, FL</b>	
		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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, unchanged, or on an attachment with an address

SIGNATURE:  **YVON J. TESSIER** 1/27/97 (904) 672-0117  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)