

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	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/06/1988	05/11/1995
4. FEI Number	Applied For
65-0023121	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	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRAHAM, JEFFREY J SR
6413 CONGRESS AVE.
SUITE 150
BOCA RATON FL 33487

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	1.1 TITLE	D
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	2.1 TITLE	SD
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	3.1 TITLE	D
NAME	HALLIBURTON, 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	4.1 TITLE	
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	5.1 TITLE	
NAME	Spinale, Paul	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 96 407-999-0772

CR2E034 (12/95)