

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K12999 (4)

1. Corporation Name

JTS, INC.

Principal Place of Business

Mailing Address

**908 NW TERRACE RD.
STUART FL 34994
US**

**908 NW TERRACE RD.
STUART FL 34994
US**



2. Principal Place of Business 21 823 N. Olive Ave Suite, Apt #, etc 22 City & State 23 West Palm Beach FL Zip 24 33401	2a. Mailing Address 26 823 N. Olive Ave Suite, Apt #, etc 27 City & State 28 West Palm Beach, FL Zip 29 33401	3. Date Incorporated or Qualified 01/27/1988 4. FEI Number 65-0026981 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**GLUCKSMAN, STEVEN G.
908 NW TERRACE RD.
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name **STEVEN G. GLUCKSMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
823 N. Olive Ave
 83
 84 City **West Palm Beach** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, if either, in 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

Steven G. Glucksmann **STEVEN G. GLUCKSMAN**

6-30-96

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GLUCKSMAN, STEVEN G.
STREET ADDRESS	908 NW TERRACE RD.
CITY - ST - ZIP	STUART FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GLUCKSMAN, JEROME
STREET ADDRESS	52 CANDLENUT COURT
CITY - ST - ZIP	ROYAL PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GLUCKSMAN, JOYCE F.
STREET ADDRESS	2970 CLAIRMONT ROAD
CITY - ST - ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven G. Glucksmann **STEVEN G. GLUCKSMAN**

6-30-96 361653-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)