

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

**FILED**  
**May 05 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
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**DOCUMENT # L98143 (5)**

1. Corporation Name  
**JTEC WEST, INC.**



Principal Place of Business <b>2534 MANIKI DR                  WEST PALM BEACH FL 33407-1913                  US</b>	Mailing Address <b>PO BOX 776435                  STEAMBOAT SPRINGS CO 80477-6435                  US</b>
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2. Principal Place of Business <b>21 2645 53rd Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>08/29/1990</b>	3a. Date of Last Report <b>02/28/1996</b>
22. City & State <b>23 Vero Beach, FL</b>	27. City & State <b>28</b>	4. FEI Number <b>65-0215832</b>	Applied For Not Applicable
24. Zip <b>32966</b>	25. Country <b>USA</b>	29. Zip <b>30</b>	30. Country <b>31</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>AKERS, JODY GRIER                  2534 MANIKI DR                  WEST PALM BEACH FL 33407</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>2645 53rd Ave.</b> <b>83</b> <b>84 City</b> <i>Vero Beach</i> <b>FL</b> <b>85 Zip Code</b> <i>32966</i>	
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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 607.0502, Florida Statutes.

SIGNATURE: *Jody Grier Akers* DATE: *4/19/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, JODY GRIER	12 NAME	
STREET ADDRESS	2534 MANIKI DR	13 STREET ADDRESS	<i>2645 53rd Ave.</i>
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	<i>Vero Beach, FL. 32966</i>
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, CAROLYN	22 NAME	
STREET ADDRESS	14499 BOXWOOD DR	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, ELAINE	32 NAME	
STREET ADDRESS	4434 FALLBROOK BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIER, THOMAS A.	42 NAME	
STREET ADDRESS	P.O. BOX 642 N/A	43 STREET ADDRESS	<i>103 Belle Chase Cirale</i>
CITY-ST-ZIP	PALM CITY FL	44 CITY-ST-ZIP	<i>Tampa, FL. 33634</i>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Jody Grier Akers* *Elaine Stuart* *Thomas A. Grier*

CR2E034 (9/96)