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 # L98143

(5)

JTEC WEST, INC.

,,

Principal Place of Business

Mailing Address

FILED
May 05 1997 8:00am
Secretary of State



	/17"* EAQH FL: 33407-1313 "	PO BOX 776435 STEAMBOAT SPRINGS CO 6	30477-6435		
US		US		3. Date Incorporated or Qualified 08/29/1990	3a. Date of Last Report
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	02/28/1996
21 2/24	15 53 D Due	26		į i	Applied For
Suite Apt.	# alc	Suite, Apt. #, etc.		65-0215832	Not Applicable
22		27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Very Beach & 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 21 3 29	766 25 USA		Country 30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent
AKERS, JODY GRIER 81 N				c)	
2534 MANIKI DR				Address (P.O. Box Number is Not Amentah	le)
WEST-PALM BEACH FL 33407			82 Street	Address (P.O. Box Number is Not Acceptable 45 5314 W	4
			84 City	ero Beach	FL 85 32766
11. Pursuant office or r	to the provisions of Sections 607.0502 edistered agent, or both, in the State	and 607.1508, Florida Statutes I Florida, Such change was au	the above-named thorized by the cor	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE AND SHULLES 41997					
12.	OPTICERS AND		Hegistered Agent signature	ADDITIONS/CHANGES TO OFFIC	DATE FROM AND DIRECTORS IN 12
TITLE	PD	DELETE	17 10LE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	AKERS, JODY GRIER		1.2 NAME		Maritan Divinger
STREET ADDRESS	2534 MANIKI DR			21,45 53rd Due	
			13 STREFT ADDRESS	Vero Bench, It.	300.7
CITY-ST-ZIP TITLE	WEST PALM BEACH FL SD	DELETE	1.4 CiTY-ST-ZIP	Vero Benen, GC.	701766
-	LOGAN, CAROLYN	otter	2.1 TITLE	1	Change Addition
NAME .			2.2 NAME		1
STREET ADDRESS	14499 BOXWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL.		2. 4 CITY - ST - ZIP		
TITLE	VO	☐ DELETE	3.1 1114.6		Change
NAME	STUART, ELAINE		32 NAME		1
STREET ADDRESS	4434 FALLBROOK BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-S1-ZIP		
· TITLE	VO	☐ DELETE	4.1 TITLE		Change
NAME	GRIER, THOMAS A.		4. 2 NAME		1 *
STREET ADDRESS	P.O. BOX 642 N/A		4.3 STREET ADDRESS	103 Belle Chase C	rale
CITY-ST-ZIP	PALM CITY FL		4.4 CHY-S1-ZIP	103 Belle Chase Co Jampa, Il. 336	34
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5,2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1)Y-S1-Z(P	}	
TITLE		DELETE	61 INCE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS	1	1
· '					
14 I do beret	ov certify that the information supplied	with this bling does not qualify	6.4 CITY-ST-ZIP	tated in Scotlers 110 07/2V/3. Florida Clatutes	

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 audress.

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