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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000017211 (0)

1. Corporation Name JTU, INC.

Mailing Address

Principal Place of Business 6000 S TAMIAMI TRL

6000 S TAMIAMI TRL



	L 34231			SAKASUTA PL 34231						
							3. Date Incorporated or Qualifie 03/02/1995	d 3a. Date o	of Last R	Report
2. Principa' Pla	ce of Business			Mailing Address			4. FEI Number	6 0 6		Applied For
11			26	0.1. 1.1. 1.1.			65-0569	808		Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State			28	City & State			Election Campaign Financing     Trust Fund Contribution			0 May Be ed to Fees
<b>-1</b>	CoJ	intry		Ζip	Count	ry	B. This corporation has liability to	or intangible tax		
4	25		29		30			res No		
	g. Name and Ad	dress of Curre	nt Regist	ered Agent			10. Name and Address of New	v Registered A	gent	· · · · · · · · · · · · · · · · · · ·
					8	1 Name				
URFER, JACK D 6000 S TAMIAMI TRL					8	2 Street Ac	ress (P.O. Box Number is Not Acceptable)			
	TA FL 34231				8	3				
					8	4 City		FI	85 Z	ip Code
11. Pursuant to	o the provisions of S	ections 607.050	2 and 607	7.1508, Florida Statut	tes, the above	e-named corp	poration submits this statement for the	purpose of char	nging its	registered office
or registere	ed agent, or both, in	the State of Flor	rida. Such	i change was authoriz 3505, Florida Statute:	zed by the co	rporation's b	pard of directors. I hereby accept the a	ppointment as r	egistered	d agent. I am
SIGNATURE :	Signature, typed or printed in	 amp of reaction a agen	ntankittkiifa	myricable (N	OTE: Hegistered A	yent signature req	uired when reinstating)	DATE		
2.		OFFICERS AN	ND DIREC	TORS	13.		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTO	ORS IN 12
I.LF	PRESIDA	115		DELETE	1 1 THTL	E			) Change	Addition
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THIEL ADDRESS	6000 1	51 M	1.74 1	TKATA	13 STK8	ET ADORESS				
	SAKATOT	A Fa	14-24 1 3543	TRAIL		ET ADORESS -ST-ZIP				
DITY-S1-ZIP	GOOD S SAKATOT	A FL	1-74 i 3443	T KATA		-ST-ZIP			) Change	Addition
DITY-\$1-7P	6000 S JAKATOT	n Fa	1-24 i 3 443	<u> </u>	14 CITY	-ST-ZIP F			) Change	Addition
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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 cath; 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:

The Ima Unformation 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 cather than an address.

SIGNATURE:

The Ima Unformation 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 cather than 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:

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