

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066230 (0)

1. Corporation Name
JTM SALES, INC.



Principal Place of Business: 16920 NW 40TH AVENUE MIAMI FL 33065 - 4507
Mailing Address: 16920 NW 40TH AVENUE MIAMI FL 33065 - 4507

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0609676	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INGRAM, BRENDA M 16920 NW 40TH AVENUE MIAMI FL 33055		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D INGRAM, BRENDA M	1.2 NAME	D INGRAM I, BRENDA M
STREET ADDRESS	16920 NW 40TH AVENUE	1.3 STREET ADDRESS	16920 NW 40 Ave
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	CAROL CITY, FL 33055-4507
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Council Ingram Sr
STREET ADDRESS		2.3 STREET ADDRESS	16920 NW 40 Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAROL CITY, FL 33055-4507
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Brenda M. Ingram II
STREET ADDRESS		3.3 STREET ADDRESS	16920 NW 40 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAROL CITY, FL 33055-4507
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LASHAUN J. INGRAM
STREET ADDRESS		4.3 STREET ADDRESS	16920 NW 40 Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CAROL CITY, FL 33055-4507
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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: Brenda M. Ingram I Date: 4-23-96 Daytime Phone #: 305/620-5268

CR2E034 (12/95)