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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000020932 (5)

1. Corporation Name
JCT INC.



Principal Place of Business

Mailing Address

~~240 ROYAL PALM WAY, SUITE 400~~
~~PALM BEACH FL 33480~~

~~240 ROYAL PALM WAY, SUITE 400~~
~~PALM BEACH FL 33480-4311~~

3. Date Incorporated or Qualified
03/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 151 S. Cypress Road
Suite, Apt. #, etc.

26 PO Box 10421
Suite, Apt. #, etc.

4. FEI Number
65-0675429

Applied For

Not Applicable

22 City & State
23 Pompano Beach, FL

27 City & State
28 Pompano Beach, FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33060 25 BROWARD

29 33061 30 BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, JOHN C
~~240 ROYAL PALM WAY, SUITE 400~~
~~PALM BEACH FL 33480~~

81 Name Thompson, John C.
82 Street Address (P.O. Box Number is Not Acceptable)
151 S. Cypress Road
83
84 City Pompano Beach, FL 85 Zip Code 33060

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 Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

Jan. 7, 1997 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME THOMPSON, JOHN C
STREET ADDRESS 240 ROYAL PALM WAY, SUITE 400
CITY-ST-ZIP PALM BEACH FL 33480

1.1 TITLE P, T, S, D ☒ Change ☐ Addition
1.2 NAME Thompson, John C. Address
1.3 STREET ADDRESS 151 S. Cypress Road
1.4 CITY-ST-ZIP Pompano Beach, FL 33060

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John C. Thompson, Pres.

Jan 7, 1997 (954) 785-0149

Date Daytime Phone #

0334613

CR2E034 (9/96)