

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000090272 (1)

1. Corporation Name  
JTS RENTALS, INC.

Principal Place of Business

Mailing Address

370 CAPRI ROAD  
COCOA BEACH FL 32931

370 CAPRI ROAD  
COCOA BEACH FL 32931

APPROVED  
AND  
FILED

97 JUL 23 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1996	3a. Date of Last Report
4. FEI Number 59-7045158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKPATRICK, TRUDEE  
370 CAPRI ROAD  
COCOA BEACH FL 32931

81 Name	82 Street Address (P.O. Box Number is Not Applicable) 600002251216--8
83	07/29/97 01100 016 ***165.00 ***165.00
84 City	85 Zip Code FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SAUTTER, JOHN R <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUTTER, JOHN R	1.2 NAME	
STREET ADDRESS	94 LITTLE JOHN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA	1.4 CITY-ST-ZIP	
TITLE	D SAUTTER, SARA <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUTTER, SARA	2.2 NAME	
STREET ADDRESS	28623 WHIRLAWAY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR OAKS RANCH TX	2.4 CITY-ST-ZIP	
TITLE	D KIRKPATRICK, TRUDEE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, TRUDEE	3.2 NAME	
STREET ADDRESS	370 CAPRI ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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 *U. Alan* SIGNATURE REQUIRED

U. Alan  
7/23/97

CR2E034 (4/97)

pg. 2 of 2

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

July 18, 1997

Dear Sir:

Early this week I received a Packet for filing an annual corporation report on our newly formed JTS Corporation. (P96000090272). The packet was marked second notice. This packet was the first time I had received notification that a filing was due. I contacted my CPA and he informed me that I should have received my first notice early this year. However, I did not receive the packet at that time. Because we are a newly formed corporation, I did not realize I had not been sent the proper forms and did not contact your agency to request them.

I have completed the forms and enclosed a check for the required amount.

The check and completed forms were mailed to the 1500 post office box number.

Sincerely yours,



Trudee Kirkpatrick