
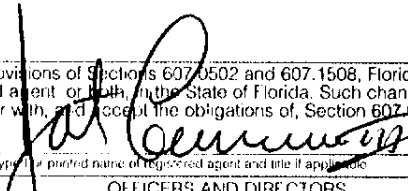
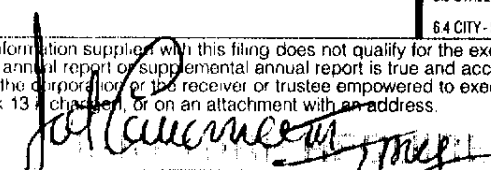


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 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 # S01675 (5)					
1. Corporation Name JAT PROPERTIES, INC.					
Principal Place of Business 2562 W INDIANTOWN RD STE 1 JUPITER FL 33458 US			Mailing Address 2562 W INDIANTOWN RD STE 1 JUPITER FL 33458-3806 US		
2. Principal Place of Business 21 4095 Burns Road Suite, Apt. #, etc. 22 #B-12 City & State 23 Palm Beach Gardens, FL Zip 24 33410 Country 25 USA		2a. Mailing Address 26 4095 Burns Road Suite, Apt. #, etc. 27 #B-12 City & State 28 Palm Beach Gardens, FL Zip 29 33410 Country 30 USA		3. Date Incorporated or Qualified 09/12/1990	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0226105	
				Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TORRANCE, JAMES A., III 2562 WEST INDIANTOWN RD STE 1 JUPITER FL 33458			10. Name and Address of New Registered Agent 81 Name James A. Torrance III 82 Street Address (P.O. Box Number is Not Acceptable) 4095 Burns Road 83 #B-12 84 City Palm Beach Gardens FL 85 Zip Code 33410		
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					
TITLE	PSD	<input type="checkbox"/> DELETE			
NAME	TORRANCE, JAMES A., III				
STREET ADDRESS	2562 WEST INDIANTOWN RD, STE 1				
CITY-ST-ZIP	JUPITER FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME James A Torrance III					
1.3 STREET ADDRESS 4095 Burns Road					
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 its 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 or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (9/96)