
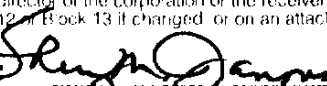


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 27 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 # S98883 (9)			
1. Corporation Name J.R.T.S. LIMITED, INC.			
Principal Place of Business P.O. BOX 2618 BRANDON FL 33509-2618		Mailing Address P.O. BOX 2618 BRANDON FL 33509-2618	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent JANOVEC, M L 915 SOUTH PARSONS AVE #C BRANDON FL 33511		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	JANOVEC, M.L.	12 NAME	
STREET ADDRESS	915 S PARSONS AVENUE, #C	13 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	
NAME	JANOVEC, SHERRY	22 NAME	
STREET ADDRESS	915 S PARSONS AVENUE, #C	23 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	
NAME	CAMPBELL, CHARLES E. III	32 NAME	
STREET ADDRESS	915 S PARSONS AVENUE, #C	33 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	
NAME	CAMPBELL, JO ANN	42 NAME	
STREET ADDRESS	915 S PARSONS AVENUE, #C	43 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:  Sherry M. Janovec		3/24/97 813-689-3687x11	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)