

**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

FILED

97 AUG 13 PM 3:46

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K36211 (6)**  
1. Corporation Name  
**STEVEN G. GLUCKSMAN, P.A.**



Principal Place of Business: **823 N OLIVE AVE WEST PALM BEACH FL 33410 US**  
Mailing Address: **823 N OLIVE AVE WEST PALM BEACH FL 33401 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/04/1988</b>	3a. Date of Last Report <b>07/15/1996</b>
4. FEI Number <b>65-0072485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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. Country	30. Country

**9. Name and Address of Current Registered Agent**  
**GLUCKSMAN, STEVEN G.**  
**823 N OLIVE AVE**  
**WEST PALM BEACH FL 33401**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GLUCKSMAN, STEVEN G.</b>	
STREET ADDRESS	<b>908 N.W. TERRACE ROAD</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

Stamp: **300002268953-9**  
**-08/15/97-01115-1811**  
**\*\*\*168.00\*\*\* \*\*\*185.00\*\*\***

Handwritten: **SL 8/14/97**

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.

CR2E034 (4/97)

8/11/97 11:49:00 8930

LAW OFFICES OF  
**STEVEN G. GLUCKSMAN, P.A.**  
PROFESSIONAL ASSOCIATION  
823 NORTH OLIVE AVENUE  
WEST PALM BEACH, FLORIDA 33401

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STEVEN G. GLUCKSMAN

TOLL FREE 1-888-WE CAN SUE  
(932-2878)  
OFFICE (561) 659-6060  
FACSIMILE (561) 655-6044

August 4, 1997

Department of State  
division of Corporations

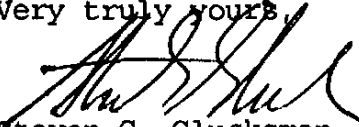
To Whom it may concern:

Enclosed please find the annual report forms for Steven G. Glucksman P.A., and JTS Inc. Please be advised that I am only remitting the sum of \$165.00 for each corporation in accordance with instructions from a department representative that I spoke to by phone.

I would request that you waive the late fees for both corporations because I never received the annual report forms that I am now told were mailed in or around January of this year. I am a personal injury attorney and am not familiar with corporate law or rules and didn't know reports were due until I received the second notice. I am now aware of the fact that I should look for notices in the mail in January and request copies if I don't receive them by February. Please waive the enhanced fee this year.

Thank you in advance for your cooperation.

Very truly yours,

  
Steven G. Glucksman, P.A.  
By Steven G. Glucksman

SGG/lc