

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

FILED

Apr 30 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 # **661366** (5)
1. Corporation Name
JETSAVE INC.



| | |
|---|---|
| Principal Place of Business DIAL TOWER - 2249 PHOENIX AZ 85077-2249 | Mailing Address DIAL TOWER - 2249 PHOENIX AZ 85077-2249 |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/24/1980 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1982851 | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|--|
| 2. Principal Place of Business 21 1850 - N. CENTRAL AVE Suite, Apt. #, etc. 22 TAX DEPT - 2249 City & State 23 PHOENIX AZ Zip 24 85077-2249 | 2a. Mailing Address 26 1850 - N. CENTRAL AVE Suite, Apt. #, etc. 27 TAX DEPT - 2249 City & State 28 PHOENIX AZ Zip 29 85077-2249 | Country 25 MARICOPA Country 30 MARICOPA |
|--|---|--|

| | |
|--|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 AT | BHANDARI, HAROTTAMK <input checked="" type="checkbox"/> DELETE DUAK CROIRAQTE CTR PHOENIX AZ |
| TITLE AS | <input type="checkbox"/> DELETE LITHERLAND, JAMES M. DIAL CROPRATE CTR PHOENIX AZ |
| TITLE P | <input type="checkbox"/> DELETE SMART, CHRISTOPHER SUSSEX HOUSE, LONDON RD WEST SUSSEX, ENG |
| TITLE V | <input type="checkbox"/> DELETE JOHNSON, MARTIN SUSSEX HOUSE, LONDON RD WEST SUSSEX, ENG |
| TITLE VS | <input checked="" type="checkbox"/> DELETE EMERSON, FREDERICK G. DIAL TOWER PHOENIX AZ |
| TITLE VT | <input type="checkbox"/> DELETE NELSON, RONALD G. DIAL TOWER PHOENIX AZ |

| 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 | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LITHERLAND, JAMES M. |
| 2.3 STREET ADDRESS | 1850 - N. CENTRAL AVE, TAX DEPT 2249 |
| 2.4 CITY-ST-ZIP | PHOENIX AZ 85077-2249 |
| 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 | S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | SAYRE, SCOTT E. |
| 5.3 STREET ADDRESS | 1850 - N. CENTRAL AVE, TAX DEPT-2249 |
| 5.4 CITY-ST-ZIP | PHOENIX, AZ 85077-2249 |
| 6.1 TITLE | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | NELSON, RONALD G. |
| 6.3 STREET ADDRESS | 1850 - N. CENTRAL AVE, TAX DEPT-2249 |
| 6.4 CITY-ST-ZIP | PHOENIX, AZ 85077-2249 |

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 **JAMES M. LITHERLAND** REQUIRED **JAMES M. LITHERLAND** 4/2/97 (602) 207-5436
ASS'T SECY

CR2E034 (9/96)