

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 04 1996 8:00 am
Secretary of State

DOCUMENT # **F13183 (1)**

1. Corporation Name
NATIONAL JETS, INC.



Principal Place of Business: **3485 SW 9TH AVE FT. LAUDERDALE FL 33315 US**
Mailing Address: **3485 SW 9TH AVE FT. LAUDERDALE FL 33315 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 73-0965191	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
BOY, THOMAS E 3485 SW 9TH AVE FT LAUDERDALE FL 33315				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 _____ Signature, typed or printed name of registered agent, if applicable _____ (If FEI Registered Agent signature required, check here) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BOY, THOMAS E		1.2 NAME		
STREET ADDRESS	3485 SW 9TH		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE 00000		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOY, RUSSELL T		2.2 NAME		
STREET ADDRESS	3485 SW 9TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE 00000		2.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, DOLORES		3.2 NAME		
STREET ADDRESS	3485 SW 9TH AVE		3.3 STREET ADDRESS	CFO DAVIS, LEANN	
CITY-ST-ZIP	FT LAUDERDALE 00000		3.4 CITY-ST-ZIP	3485 SW 9TH AVE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changes or as an attachment with an address

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Boy

5/31/96 (954) 365-5400 X200
Date: _____ Daytime Phone: _____

CR2E034 (12/95)