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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K99316
1. Corporation Name
ATLANTIC JET CENTER, INC.

Principal Place of Business
1405 GENERAL AVIATION DR
8534 CHRISTOPHER POINT ROAD WEST
MELBOURNE FL 32905
US

Mailing Address
1405 GENERAL AVIATION DRIVE
8534 CHRISTOPHER POINT ROAD WEST
MELBOURNE FL 32905
US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Created
06/29/1989

4. FID Number
59-2976949

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This application covers the current year homestead Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

21. Principal Place of Business
22. City & State
23. Zip
24. Country

25. Mailing Address
26. City & State
27. Zip
28. Country

8. Name and Address of Current Registered Agent
EDWARDS, SPENCE J
8534 CHRISTOPHER POINT ROAD WEST
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

10. Name
11. Street Address (P.O. Box Number is Not Acceptable)
12. City
13. FL 32 State Code

11. Pursuant to the provisions of Sections 807.02 and 807.1504, 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 provisions of, Section 807.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	12.2 STREET ADDRESS	13.1 TITLE	13.2 NAME
EDWARDS, SPENCE J 8534 CHRISTOPHER PT RD W JACKSONVILLE FL			
RADCLIFFE, WILLIAM R. 1702 ATLANTIC STR #1D MELBOURNE BCH FL			
HILLER, WESLEY T. 8128 GALLEON WAY TAMPA FL			
Brase, Kim E 234 San Paulo Circle Melbourne, FL 32904			

14. I hereby certify that the information supplied with this filing does not satisfy for the exemption stated in Section 118.07(3)(f), 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. If I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Kim Brase 3-9-99 407-255-7111