

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000034165 (7)**

1. Corporation Name

ABLE JETS INCORPORATED



Principal Place of Business

**P.O. BOX 3689
FORT PIERCE FL 34948**

Mailing Address

**P.O. BOX 3689
FORT PIERCE FL 34948**

3. Date Incorporated or Qualified
05/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 **3100 AIRMANS DRIVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

FT. PIERCE FL.

27 Suite, Apt. #, etc.

28 City & State

24 Zip

34946

25 Country

US

29 Zip

30

30 Country

4. FEI Number
65-0595432

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **GARY L. BURDSALL**
82 Street Address (P.O. Box Number is Not Acceptable)
420 SOPWITH DRIVE
83
84 City **VERO BEACH** FL 85 Zip Code **32968**

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent Signature required for this filing.

04-05-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURDSALL, GARY L	
STREET ADDRESS	P.O. BOX 3689 N/A	
CITY - ST - ZIP	FORT PIERCE FL 34948	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRICE, ERIC	
1.3 STREET ADDRESS	8004 WINTER GARDEN PKWY.	
1.4 CITY - ST - ZIP	FT. PIERCE, FLA. 32951	
2.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOEHN, JAMES K.	
2.3 STREET ADDRESS	6961 NW HARTNEY WAY	
2.4 CITY - ST - ZIP	PORT ST LUCIE, FLA.	
3.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TIEDEMANN, JOHN	
3.3 STREET ADDRESS	7508 ROBERTS ROAD	
3.4 CITY - ST - ZIP	FT. PIERCE, FLA. 32951	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TIEDEMANN, SUSAN	
4.3 STREET ADDRESS	7508 ROBERTS ROAD	
4.4 CITY - ST - ZIP	FT. PIERCE, FLA. 32951	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500001774465	
5.4 CITY - ST - ZIP	-04/09/96--01129--011	
6.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-96
DATE Daytime Phone #

CR2E034 (12/95)