

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052883 (0)
 1. Corporation Name
JET INDUSTRIES, INC.



Principal Place of Business 2665 S. BAYSHORE DR., STE. 800 MIAMI FL 33133	Mailing Address 2665 S. BAYSHORE DR., STE. 800 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1997	
21		26		4. FEI Number 65-0760194	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	25 Country	29 Zip	30 Country	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	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEMS, INC 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
				81 Name Peter W. Klein			
				82 Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive			
				83 8th Floor			
				84 City Miami	85 Zip Code FL 33133		

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]*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE COB/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Earl W. Powell		1.2 NAME	
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl		1.3 STREET ADDRESS	
CITY-ST-ZIP Miami, FL		1.4 CITY-ST-ZIP	
TITLE CEO/P/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S. James Spierer		2.2 NAME	
STREET ADDRESS 1100 Schwab Road		2.3 STREET ADDRESS	
CITY-ST-ZIP Hatfield, PA 19440		2.4 CITY-ST-ZIP	
TITLE T/C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Charles A. Brown		3.2 NAME	
STREET ADDRESS 1100 Schwab Road		3.3 STREET ADDRESS	
CITY-ST-ZIP Hatfield, PA		3.4 CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Troy D. Templeton		4.2 NAME	
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl		4.3 STREET ADDRESS	
CITY-ST-ZIP Miami, FL		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Peter W. Klein		5.2 NAME	
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl		5.3 STREET ADDRESS	
CITY-ST-ZIP Miami, FL		5.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Marilyn D. Kuffner		6.2 NAME	
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl		6.3 STREET ADDRESS	
CITY-ST-ZIP Miami, FL		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/98**

CR2E034 (10/97)