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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036186

JET ENTERPRISES, N.A., INC.

521 2.77									
Principal Place	e of Business	Mailing Address						* !!!!* *!!*! !!\$!	91 18119 Still 1881
606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND FL 34145		606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND FL 34145			DO NOT WRITE IN THI	S SPACE			
MARIOU IDENIAD TE 34140							3. Date Incorporated or Qualifed -04/20/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			,	4. FEI Number	P - 3	Applied For	
21	, , , , , , , , , , , , , , , , , , ,	26					Appliedfor		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			
City & State	e.	City & State				6. Election Campaign Financing		May Be	
23	 	28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		ıntry			8. This corporation owes the current year l		50
24	25		30	1			Personal Property Tax.	∐Yes	₩o
	9. Name and Address of Current	Registered Agent		81	Manage		10. Name and Address of New Registered Agent		
WOODWARD, CRAIG R ESQ.					Name Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
WOODWARD, WOODWARD, PIRES & LOMBARDO, P.A. 606 BALD EAGLE DRIVE, SUITE 500				82	0.10017	1,00,00	duless (r.o. box rumber is not receptable)		
MARCO ISLAND FL 34145				63					
				84	City	FL 85 Zip Code			
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		_	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TI		ļ			Change	B ☐ Addition
NAME	TIMMERMAN, JAMES E			1.2 NAME					ŀ
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			1.3 STREET ADDRESS					1
CITY-ST-ZIP	MARCO ISLAND FL 34145			1.4 CITY-ST-ZIP					- Addition
TITLE	. DELETE 2.11		2.1 TI		ı	•		Change	e Addition
NAME			2.2 N	AME					Ì
STREET ADDRESS			2.3 \$	TREET	FADDRESS				
CITY-ST-ZIP	□ per ext		_	2.4 CITY-ST-ZIP		•		Change	e Addition
TITLE	☐ DELETE			3.1 TITLE			•		, [] Addition
NAME	٠	and the second of the second o	3.2 N		3	٠ <u>١</u> .	A Single Annual Control of the Contr	_	
STREET ADDRESS	•	- /:			FADDRĒSS		-		
CITY-ST-ZIP	Doctor			3.4. CITY-ST-ZIP				☐ Change	e Addition
TITLE	☐ DELETE			4.1 TITLE 4.2 NAME					, Changing !
NAME		•							
STREET ADDRESS	·	•			ADORESS				
CITY-ST-ZIP		☐ DELETE		ITY-S	T- ZIP		· · ·	☐ Change	e Addition
TITLE	,		5.1 TI 5.2 N				•		
NAME					T ADDRESS				
STREET ADDRESS				ITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 To		1-21		1.00	☐ Change	e Addition
TITLE		ביי הברכוב	624						

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90061 039 ***150.00