

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S72933 (2)
1. Corporation Name
JET ENTERTAINMENT CORPORATION



Principal Place of Business: **733 W. YALE ST. ORLANDO FL 32804 US**
Mailing Address: **733 W. YALE ST ORLANDO FL 32804 US**

3. Date Incorporated or Qualified: **08/07/1991**
3a. Date of Last Report: **07/31/1995**
4. FEI Number: **59-3089499**
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

2. Principal Place of Business: **21 1215 NOTTINGHAM ST.**
Suite, Apt #, etc: **22**
City & State: **23 ORLANDO, FLORIDA**
Zip: **24 32803** Country: **25 ORANGE**
2a. Mailing Address: **26 1215 NOTTINGHAM ST.**
Suite, Apt #, etc: **27**
City & State: **28 ORLANDO, FLORIDA**
Zip: **29 32803** Country: **30 ORANGE**

9. Name and Address of Current Registered Agent: **MANNARINO, THOMAS 733 W. YALE ST. ORLANDO FL 32804**
10. Name and Address of New Registered Agent:
81 Name: **MANNARINO, THOMAS**
82 Street Address (P.O. Box Number is Not Acceptable): **1215 NOTTINGHAM ST.**
83
84 City: **ORLANDO** FL 85 Zip Code: **32803**

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: *Tom Mannarino* **TOM MANNARINO PRESIDENT** 6/14/96
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	SPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNARINO, THOMAS	1.2 NAME	
STREET ADDRESS	733 W. YALE ST.	1.3 STREET ADDRESS	1215 NOTTINGHAM ST.
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORLANDO FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNARINO, THOMAS	2.2 NAME	
STREET ADDRESS	733 W. YALE ST.	2.3 STREET ADDRESS	1215 NOTTINGHAM ST.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	ORLANDO FL.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Tom Mannarino* **TOM MANNARINO** 6/14/96 (407) 894-5511
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Daytime Phone #)

CR2E034 (3/96)