

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY - 1 11: 8: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051845 (4)**

1. Corporate Name
FLORIDA JET SERVICE, INC.

Principal Place of Business: **8600 PINES BLVD
PEMBROKE PINES FL 33024**
Mailing Address: **8600 PINES BLVD
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **07/23/1993** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0426786** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Country: **24** Country: **29** Country: **30**

9. Name and Address of Current Registered Agent
**MAROONE, MICHAEL E
8600 PINES BLVD
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number if Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.014(3) and 607.150(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required in part 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 aware of and accept the obligations of Section 607.014(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	V MAROONE, ALBERT E 8600 PINES BLVD PEMBROKE PINES FL 33024	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST MAROONE, MICHAEL E 8600 PINES BLVD PEMBROKE PINES FL 33024	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ROBERTSON, TERRY 2 8600 PINES BLVD. PEMBROKE PINES FL 33024	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am aware of and accept the obligations of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an affidavit filed with an address.

SIGNATURE: VP, CFO 4/28/95 433-3310
SIGNATURE AND TYPED OR PRINTED NAME OF GRADING OFFICER OR DIRECTOR
DONALD J. REESE