

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

FILED

Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000051845 (4)

1. Corporation Name

FLORIDA JET SERVICE, INC.



Principal Place of Business

8800 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

8800 PINES BLVD
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1993

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 2665 NW 56 ST.

Suite, Apt. #, etc.

27 HANGAR 54

28 City & State

FT LAUDERDALE, FL

29 Zip

33309

Country

30 BROWARD

9. Name and Address of Current Registered Agent

MAROONE, MICHAEL E
8800 PINES BLVD
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2665 NW 56 ST. HANGAR 54

84 City

FT LAUDERDALE FL

85 Zip Code

33309

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME MAROONE, ALBERT E
STREET ADDRESS 8800 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ST
NAME MAROONE, MICHAEL E
STREET ADDRESS 8800 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE P
NAME ROBERTSON, TERRY 2
STREET ADDRESS 8800 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VPCF
NAME REESE, DONALD J.
STREET ADDRESS 2682 EDGEWATER COURT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VP
NAME HODGEN, BRADLEY N.
STREET ADDRESS 729 CRYSTAL COURT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 381 CRAW BURN DRIVE
1.4 CITY-ST-ZIP AURORA, NY 14052

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2665 NW 56 ST. HANGAR 54
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2665 NW 56 ST. HANGAR 54
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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.

SIGNATURE:

2/16/98 954,772,0778

CR2E034 (10/97)