

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90191 005 ***150.00

DOCUMENT # P93000051845

1. Corporation Name

FLORIDA JET SERVICE, INC.

Principal Place of Business

8600 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

2665 NW 56TH ST
HANGAR 54
FT LAUDERDALE FL 33309
US

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2665 SW 56 ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HANGAR 54

City & State

23 FT LAUDERDALE, FL

Zip Country

24 33309

Country

25 Broward

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MAROONE, MICHAEL E
2665 NW 56TH ST HANGAR 54
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 ☐ DELETE

NAME MAROONE, ALBERT E

STREET ADDRESS 381 CRAY BURN DR

CITY-ST-ZIP EAURORA NY 14052

TITLE ST ☐ DELETE

NAME MAROONE, MICHAEL E

STREET ADDRESS 2665 NW 56TH ST HANGAR 54

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE P ☐ DELETE

NAME ROBERTSON, TERRY 2

STREET ADDRESS 2665 NW 56TH ST HANGAR 54

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE VPCF ☐ DELETE

NAME REESE, DONALD J.

STREET ADDRESS 2682 EDGEWATER COURT

CITY-ST-ZIP FT LAUDERDALE FL

TITLE VP ☐ DELETE

NAME HODGEN, BRADLEY N.

STREET ADDRESS 729 CRYSTAL COURT

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

(954) 772-0778

Daytime Phone #

CR2E034 (11/98)