

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90191 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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**
 Suite, Apt. #, etc.: **22 HANGAR 54**
 City & State: **23 FT LAUDERDALE, FL**
 Zip: **24 33309** Country: **25 Broward**
 2a. Mailing Address: **26 2665 NW 56TH ST, HANGAR 54, FT LAUDERDALE FL 33309**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, ALBERT E	1.2 NAME	
STREET ADDRESS	381 CRAY BURN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAURORA NY 14052	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, MICHAEL E	2.2 NAME	
STREET ADDRESS	2665 NW 56TH ST HANGAR 54	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, TERRY 2	3.2 NAME	
STREET ADDRESS	2665 NW 56TH ST HANGAR 54	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	VPCF <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, DONALD J.	4.2 NAME	
STREET ADDRESS	2682 EDGEWATER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGEN, BRADLEY N.	5.2 NAME	
STREET ADDRESS	729 CRYSTAL COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 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** *1/18/99* (954) 772-0778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)