## 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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90028 029 \*\*\*150.00

DOCUMENT	#	387	99	4
1 Cornoration Name		<b>.</b>	~	•

JET VIEW HOLDINGS, INC.

	•									
Principal Plac	e of Business	Mailing Address					Lidding lives later (Said 141) and (141)			
250 BEARDED	OAKS DRIVE	250 BEARDED OAKS DR	IVE			ì				
SARASOTA FL	34232	SARASOTA FL 34232				- {	DO NOT WRITE IN THI	S SPACE		
US		US				<del>   </del>	Date Incorporated or Qualifed			ì
						) `	09/07/1971			1
2 Principal P	Mace of Business	2a. Mailing Address				1	I. FEI Number	Ар	plied For	
21	idee of paginess	26				- 1	59-1359840	No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-+.		\$8.75	dditional	1
22		27				"	i. Certifcate of Status Desired	Fee Re	quired	l
City & Sta	te	City & State				- 6	i. Election Campaign Financing	\$5.00		l
23		28					Trust Fund Contribution	Added t	o Fees	Ì
Zip	Country	Zip		intry		8	<ol> <li>This corporation owes the current year in</li> </ol>			1
24	25	29	30				Personal Property Tax.		□No	,
	9. Name and Address of Curre	nt Registered Agent		041		10	). Name and Address of New Registere	Agent		
VIAI	C OTEVEN A			81	Name					
	g, steven a Bearded oaks drive			82	Street Ad	dress	(P.O. Box Number is Not Acceptable)			
	IASOTA FL 34232									l
SAF	M301A FL 34232			83						
				84	City			85 Zip (	Code	l
							F		<del></del>	l
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove by:	s-named co the corpora	orporati ation's l	on submits this statement for the purpose oppored of directors. I hereby accept the app	of changing its ointment as re	registerea gistered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes.			,	,	-	
SIGNATURE	14/-			_			4/20	199		
	Signature, typed or printed name of registered ag			Agen	t signature requ	uired wher	n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		PS IN 12	R2E034 (11/98)
12.		ND DIRECTORS	13. 1,1 Ti	m =	- Т		ADDITIONS/CHANGES TO OFFICE NO A	Change	Addition	=
TITLE	PTSD		ı						<b>_</b>	4
NAME	KING, STEVEN A		1.2 N		+0000°C					83
STREET ADDRESS					ADDRESS					22
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2.1 Ti	∏Y-\$1 ΠιΕ	1-ZIP			Change	Addition	5
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NAME					ADDRESS					
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NAME	.}		- 1		ADDRESS					1
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CITY-ST-ZIP		☐ DELETE	4.1 1		1-ZIP			☐ Change	Addition	1
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NAME					ADORESS					
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CITY-ST-ZIP		DELETE	5.1 Ti		1-4F			Change	Addition	1
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CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 T					☐ Change	Addition	1
	1	_ >===	6.2 N	AME				•		1
NAME	,				ADDRESS					
STREET ADORESS										

6.4 CITY-ST-ZIP 14. 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 suppliemental 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:

INED

4/20/99

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