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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90005 017 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 512929

1. Corporation Name

INTERNATIONAL JET TRANSPORT CORPORATION

INTERNA	HONAL SET THANGTON O	SHI SHATISH					
Principal Place	e of Business	Mailing Address		-			
333 SOUTH ST 333 SOUTH ST NEW SMYRNA RCH FL 32168 NEW SMYRNA BCH FL 32168							
NEW SMYRNA BCH FL 32168 NEW SMYRNA BCH FL 32168					DO NOT WRITE IN THIS	SPACE	
					Date Incorporated or Qualifed		
					09/23/1976		
Principal Place of Business     2a. Mailing Address					4. FEI Number	- <del></del>	plied For
21 26					59-1699252		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
22 Situal S. Stat.		City & State			6. Election Campaign Financing	\$5.00	
City & State	e	28			Trust Fund Contribution	Added	•
23   Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta	naible	
<b>—</b>	25	29 30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Current	()			10. Name and Address of New Registered	Agent	
	a, italia ana italiana ai aditan	<u> </u>	81	Name		- <u></u>	
BAKE	ER, GEORGE H.		00	Ct A d d d	Annual Control of the	<del></del> -	
1765 BAYVIEW DR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SMYRNA BCH FL 32168		83				
			84	City	FL	85 Zip	Code
			4/	<u> </u>			rogintorod
SIGNATURE	egistered agent, or both, in the state of m familiar with, and accept the obligation of the state of the stat	and title if applicable.	ヘレロイ	Bold nt signature required	oration submits this statement for the purpose of or's board of directors. I hereby accept the appoint of the purpose of the appoint of the purpose of the appoint of the purpose of the p	-99	
12.		DELETE	1.1 TITLE	<del></del>	ADDITIONOLININGED TO OFFICE VICE	☐ Change	Addition
TITLE	VP LOUN II		1.2 NAME				
NAME	BAKER, JOHN H			T ADDRESS			
STREET ADDRESS	1765 BAYVIEW DR	·					
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	☐ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP		Change	Addition
TITLE	<u> </u>						
NAME	BAKER, GEORGE H		2.2 NAME	T 4000000			
STREET ADDRESS	1765 BAYVIEW DR	. <i>8</i>		T ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL 32/4	DELETE	2.4 CITY- 3.1 TITLE	31-ZIP		☐ Change	Addition
TITLE	ST.		3.1 HILLE				<del>-</del> .
NAME	BÁÈR, VIRGINIA S.						
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	DELETE	3.4. CITY- 4.1 TITLE	51-ZIP		Change	Addition
TITLE			4.1 MILE 4.2 NAME	.		_ ,	_
NAME	1			T ADDRESS			•
STREET ADDRESS					•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP		Change	Addition
TITLE		LJ DECETE	5.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS		***	5.4 CITY-1	i			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE	i'	C) OECE IC	6.2 NAME				
NAME				ET ADDRESS			

14. I hereby certify that the information supplier 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 supplier ental 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 coporation 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP