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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
Division of Corporations

DOCUMENT # **F33731**

(3)

1. Corporation Name

JET WAYS INC.

Principal Place of Business
**1100 LEE WAGENER BLVD
101-
FT. LAUDERDALE FL 33315
US**

Mailing Address
**P.O. BOX 350103
P.O. BOX 350103
FT. LAUDERDALE FL 33335
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 05/06/1981	3a. Date of last report 02/21/1994
4. FIC Number 59-2093993	Applied Fee Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 3485 S.W. 9TH AVE.	2a. Mailing Address
22. State, Apt. # and City & State	27. State, Apt. # and City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LAINY, DENNIS R
1100 LEE WAGENER BLVD.
101-
FT. LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81. Name	82. Street Address, P.O. Box Number, or Not Applicable 3485 S.W. 9TH AVE.
83. City	84. City
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State. If no change was authorized, the corporation's board of directors, I hereby, accept the appointment of a registered agent, I hereby, accept the change of the registered office, Florida Statutes.

SIGNATURE

Signature of Officer, Agent, or Other Person Authorized to Sign

Signature of Registered Agent or Other Person Authorized to Sign

DATE

12. OFFICER, AGENT, OR OTHER PERSON AUTHORIZED TO SIGN		13. ADDITIONAL CHANGED REGISTERED AGENT AND OTHER PERSONS	
NAME	POST LAINY, DENNIS 1100 LEE WAGENER BLVD., SUITE 101 FT. LAUDERDALE FL	NAME	
STREET ADDRESS		STREET ADDRESS	3485 S.W. 9TH AVE.
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
DATE		DATE	

14. I, the undersigned, certify that the information requested with this filing is truthfully furnished and does not qualify for this exemption stated in law here. I hereby certify that the information is not false or misleading and that my signature shall have the same legal effect as if made under oath. I am an officer or agent of the corporation or the registered agent empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer, agent, or registered agent.

SIGNATURE: **DENNIS R. LAINY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/95 (305) 359-8077