

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004299 (2)

1. Corporation Name  
JET WORKS, INC.



Principal Place of Business  
13500 BRYNWOOD LANE  
FORT MYERS FL 33912

Mailing Address  
13500 BRYNWOOD LANE  
FORT MYERS FL 33912

3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report
4. FEI Number 73-1456736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. 33912	29. 33912
25. Country	30. Country

9. Name and Address of Current Registered Agent EVANS, CARL K 13500 BRYNWOOD LANE FORT MYERS FL 33912	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 33912
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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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASBUN, ERNESTO R	1.2 NAME	
STREET ADDRESS	AVENIDA ANICETO ARCE N-781	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCHABAMBA, BOLIVIA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CARL K	2.2 NAME	
STREET ADDRESS	13500 BRYNWOOD LANE	2.3 STREET ADDRESS	FORT MYERS, FL 33912
CITY-ST-ZIP	FORT MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENICEROS, TOMAS A	3.2 NAME	
STREET ADDRESS	AVENIDA RAMON RIVERO 1640	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCHABAMBA, BOLIVIA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	EVANS, MARGARET R
STREET ADDRESS		4.3 STREET ADDRESS	13500 BRYNWOOD LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Margaret Evans MARGARET EVANS 3-12-96 941-437-1666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)