

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

FILED

Feb 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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  
US

Mailing Address  
13500 BRYNWOOD LANE  
FORT MYERS FL 33912  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

73-1456736

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

EVANS, MARGARET R.

82 Street Address (P.O. Box Number is Not Acceptable)

13500 BRYNWOOD LANE

83

84 City

FORT MYERS

FL

85 Zip Code

33912

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

Margaret R. Evans

MARGARET R. EVANS

2-3-98

Signature, typed or printed name of registered agent, and date of signature, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CST

NAME

ASBUN, ERNESTO R

STREET ADDRESS

AVENDIA ANICETO ARCE N 781

CITY-ST-ZIP

COCHABAMBA BO

TITLE

PD

☒ DELETE

NAME

EVANS, CARL K

STREET ADDRESS

13500 BRYNWOOD LANE

CITY-ST-ZIP

FORT MYERS FL

TITLE

D

☐ DELETE

NAME

CENICEROS, TOMAS A

STREET ADDRESS

AVENIDA RAMON RIVERO 1840

CITY-ST-ZIP

COCHABAMBA, BOLIVIA

TITLE

☒ PD

☐ DELETE

NAME

EVANS, MARGARET R

STREET ADDRESS

13500 BRYNWOOD LANE

CITY-ST-ZIP

FORT MYERS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE: Margaret R. Evans

MARGARET R. EVANS 1-16-98

CR2E034 (10/97)