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

PROFIT CORPORATION ANNUAL REPORT

1998



ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003953 (4)

JET SET ENTERTAINMENT, INC.),

FILED Mar 23 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | Mailing Address | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|-----------------|------------------------------|-------------|-------------------------------------------------------------------------|
| 6701 OHARA | AVE | 6701 OHARA AVE | | | | |
| BOYTON BCH | FL 33437 | BOYTON BCH FL 33437 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | 08/02/1996 |
| 2. Principal Place of Business 2s. Mailing Address | | | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | 65-0721391 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | SR 75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & State | 3 | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Ζιρ | Country | Zıp | Country | | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | 241 | | 10. Name and Address of New Registered Agent |
| LO1 | it, alan | • | | B1 | Name | |
| 6701 OHARA AVE | | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptable) |
| BO' | YTON BCH FL 33437 | | | | | |
| | | | | 63 | | |
| | | | | 84 | City | 85 Zip Code |
| | | | ,, | Ш | | <u> </u> |
| 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. | | | | | | |
| agent. I a | m familiar with, and accept the oblig | ations of Section 607.0505, f | Florida Sta | tutes. | alo corpora | allors board of directors. The oby decept the appointment as registered |
| SIGNATURE | | | | | | |
| Stignature, typed or printed name of registered agent and title II applicable. (NOTE Registered Agent sign | | | | t signature requ | | |
| 12. | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS DELETE | 13. | 171.6 | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DCP | € DECE IE | | 1.1 TITLE 1.2 NAME | | C) Orlange C] Roomfor |
| NAME | 2011,710111 | | | | | |
| STREET ADDRESS | | | | NDDRESS . | | |
| CITY-ST-ZIP TITLE | BOYTON BCH FL 33437 | DELETE | | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| | S LOTT LVOIA | | 2.1 I | | | La change La receive |
| NAME | 2011, 27047 | | | | 000000 | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | BOYTON BCH FL 33437 | DELETE | | 2.4 CITY-ST-ZIP | | Change Addition |
| | | | L | | 1 | |
| NAME | | | 3.2 N | | Doncoc | |
| STREET ADDRESS | | | | | LDDRESS | |
| CITY-ST-ZIP | | DELETE | 3.4. C | CITY-ST | - ZIP | Change Addition |
| TITLE | | L.J OLICIE | | | | Change C Addition |
| NAME | | | | NAME | DODGOG | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | ☐ DELETE | | ITY-ST | - ZIP | Change Addition |
| TIFLE | | ביי סנונונ | 5.1 T | | | C Ontaine C Montion |
| NAME | | | 5.2 N | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | DELETE | | HY-ST | - ZIP | Change Addition |
| TITLE | | ☐ DELETE | 6.1 T | | | C cuande C'i vontion |
| NAME | | | 6.2 N | - | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 C | ITY-ST | - ZIP | |

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 algorithm and in address.

SIGNATURE: