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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90081 007 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004593

1. Corporation Name  
INTER-JET SYSTEMS, INC.



Principal Place of Business  
151-04 132ND AVE.  
JAMAICA NY 11434  
US

Mailing Address  
151-04 132ND AVE.  
JAMAICA NY 11434  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number  
11-2478693

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 the current year Intangible Personal Property Tax.  Yes  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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBOLI, JEROME C  
7253 NW 54TH ST.  
MIAMI FL 33166-4807

81 Name

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

83

84 City

FL

85

Zip Code

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 *Jerome C. Trimboli*

CHIEF EXECUTIVE OFFICER

4/27/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  DELETE  
NAME LEMBO, JOSEPH  
STREET ADDRESS 845 WINTHROP DR.  
CITY-ST-ZIP E. MEADOW NY 11554

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME MATTIA, NICHOLAS  
STREET ADDRESS 1824 PARK AVE.  
CITY-ST-ZIP E. MEADOW NY 11554

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME LEMBO, STEPHEN  
STREET ADDRESS 110 KINSELLA AVE.  
CITY-ST-ZIP MASSAPEQUA PARK NY 11762

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DC  DELETE  
NAME TRIMBOLI, JEROME C  
STREET ADDRESS 162 WOODBINE RD.  
CITY-ST-ZIP E. HILLS NY 11577

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 attachment with an address, with all other like empowered.

SIGNATURE: *Jerome C. Trimboli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (115) 276-8500

Date

Daytime Phone #

CR2E034 (1/98)