

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G84350

1. Corporation Name

JET MECH, INC.

Principal Place of Business

81 NW 74TH AVE
MEDLEY FL 33166
US

Mailing Address

8130 NW 74TH AVE
MEDLEY FL 33166
US

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90107 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1984

4. FEI Number

59-2384356

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

21 6871 W. Longbow Bend
Suite, Apt. #, etc.

22

City & State
23 Davie, FL

Zip Country
24 33331 25 U.S.

2a. Mailing Address

26 6871 W. Longbow Bend
Suite, Apt. #, etc.

27

City & State
28 Davie, FL

Zip Country
29 33331 30 U.S.

9. Name and Address of Current Registered Agent

SCHULDINER, MARK
8130 NW 74 AVENUE
MEDLEY FL 33166

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MCLELLAN, JAMES LOUIS
STREET ADDRESS 7360 WEST 12TH AVENUE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE DST
NAME SCHULDINER, MARK
STREET ADDRESS 6871 W. LONG BOW BEND
CITY-ST-ZIP DAVIE FL ☐ DELETE

TITLE DVP
NAME SACCO, LEON
STREET ADDRESS 8130 NW 74TH AVE
CITY-ST-ZIP MEDLEY FL 33166 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME McLellan, James Louis
1.3 STREET ADDRESS 15800 Kingsmoor Way
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33331

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)