**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L08921

CITY-ST-ZIP

JET-MAX CORPORATION

•											
Principal Place of Business Mailing Address								(  981 91  91: 85:0: 15:10 10:12			
1331 SW DIXIE HWY 1331 SW DIXIE HWY											
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 US US				<del>5</del> 0				DO NOT WRITE IN THIS SPACE			
US US							3. Da	3. Date Incorporated or Qualifed			
							08	8/11/1989			ļ
2. Principal P	lace of Business	2a.	Mailing Address					El Number		Ar	plied For
21		26	•				65	5-0168257		No	t Applicable
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.					ertifcate of Status Desired		\$8.75	
22		27								Fee Re	equired
City & State			City & State				6. Ele	ection Campaign Financing		\$5.00	
23			Zip Country					rust Fund Contribution		Added	to Fees
Zip	Country	Ь	Zip	_	ntry			his corporation owes the cur	rent year Inta	ngible □Yes	□No
24	[25]	29		30				ersonal Property Tax. ame and Address of New	Registered A		
	9. Name and Address of Curren	t Kegis	tered Agent		81	Name	10. Na	anie and Address of New	registered r	Acut	
FRF	DERICK, T H JR										
	1 J DIXIE HWY W				82	Street A	ddress (P.O.	. Box Number is Not Accept	able)		
	IPANO BEACH FL 33060				83		***************************************				_
					84	City			FI	85 Zip	Code
office or i	to the provisions of Sections 607.050; registered agent, or both, in the State of im familiar with, and accept the obligat	of Floric tions of,	la. Such change was a Section 607.0505, Flo	uthorized orida Stati	ites.	the corpor	ation's board	d of directors, i hereby acce	pt the appoin	tment as re	gistered
					legistered Agent signature require			DITIONS/CHANGES TO O		D DIRECTO	ORS IN 12
12.	D	D DINE	☐ DELETE	1.1 Π	TLE .	T	,,,,	<u></u>		☐ Change	☐ Addition
NAME	SILSBY, HAY			1.2 N	ME						
STREET ADDRESS	JANA O DIVIT LINEY AD			1.3 51	REET	ADDRESS					
CITY-ST-ZIP	POMPANO BCH FL 33060			1.4 CI							
TITLE			☐ DELETE	2.1 TI						☐ Change	☐ Addition
NAME				2.2 NA	ME						
STREET ADDRESS	•		•	2.3 ST	REET	ADDRESS					
CITY-ST-ZIP				2.4 C	TY-S	T-ZIP					
TITLE			DELETE	3.1 TI	ILE .					☐ Change	Addition _
NAME				3.2 N	ME	l					Į
STREET ADDRESS			*	3.3 \$1	REET	ADDRESS					1
CITY-ST-ZIP				3.4. C	TY-S	T-ZIP					
TITLE			☐ DELETE	4,1 Tf	ΠE					☐ Change	Addition
NAME			•	4. 2 N	AME						
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	:		F*1	4.4 CI		r-zip				Chanas	Addition
TITLE	;		DELETE	5.1 TT						☐ Change	Addition
NAME				5.2 N		ADDRESS					-
STREET ADDRESS						ADDRESS					
CITY+ST-ZIP			□ NELETE	5.4 CI 6.1 TI		1-217			-	Change	Addition
TITLE			☐ DELETE	6.2 NA		}				C Gridinge	
NAME						ADDRESS					
STREET ADDRESS	91			0.3 3	THE	UPPLICAS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90085 017 \*\*\*150.00