						1.11.1
FILE	NOW: FILI	NG FEE AF	TER MAY 1ST I	S \$ 550.00	FILE	D
• F	PROFIT PORATION IAL REPORT		FLORIDA DEPAI	RIMENT OF STATE 3. Mortham ary of State	May 01 199	8 8:00an
	1998	The state of the s	7	CORPORATIONS	Secretary of	of State
DOCUN 1. Corporation	MENT #	L37540	(6)			
JET CO	PTERS, INC.					
Principal Place			Mailing Address		I FORFIDIA DOB ANNI FEDDA BINI QUAN 4011 BIBN DIBN	i alanı aralı alkır arası ramı
2675 N.W. 56TH ST. 2675 N.W. 56TH ST. EXECUTIVE AIRPORT. HANGAR 51 EXECUTIVE AIRPORT.					DO NOT WRITE IN THIS	CDACE
FORT LAUDER	RDALE FL 33309		FORT LAUDERDALE FL	33309	3. Date Incorporated or Qualified	SPACE
			A. Mailes Add		12/20/1989 4. FEI Number	Analised For
2. Principal Pl	ace of Business		26. Mailing Address		65-0159514	Applied For Not Applicable
Suite, Apt. (₩, elc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Co 25	untry	Zip	Country 30	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible
27		dress of Current R		1501	10. Name and Address of New Registered	
MA	CKEY, KEITH J.			81 Name		
	'5 N.W. 56TH ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	CUTIVE AIRPOR			83		
\ ru	rt Lauderdale	FL 33309				leel 7: Code
				84 City	FL	
11. Pursuant to office or reagent. Lar	o the provisions of egistered agent, or m familiar with, and	Sections 607.0502 a both, in the State of accept the obligatio	nd 607.1508, Florida Statu Florida: Such change was ns of, Section 607.0505, F	tes, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE	Stonature, typod re prenied	name of registered agent a	nd title d applicatio (NO	TE Registered Agent signature requ	uired when reinstating) DATE	
12.		OFFICERS AND E	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	PTD MACKEY, KEN	ru i	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	2675 N.W. 56	and the second s		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDER			1.4 CITY-ST-ZIP		
TITLE	VSD		☐ DELETE	2.1 TITLE		Change Addition
NAME	MACKEY, REN			2.2 NAME		
STREET ADDRESS	2675 N.W. 56' FORT LAUDER			2.3 STREET ADDRESS		
C/TY-ST-ZIP TITLE	PORT LAUDER	IDALE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME I				3.2 NAME		- · -
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		T-66
TITLE			DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CITY-\$T-ZIP		Change Addition
TITLE				6.1 TITLE		C. C

6.2 NAME 6.3 STREET ADDRESS

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, on an attachment with an address. CIGNATURE.

NAME

STREET ADDRESS

4/22/98