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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**ULTRAJET OF DAYTONA, INC.** 

**FILED** Apr 20 1998 8:00am Secretary of State



D : : : : 1 5:							
Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , ,		
849 BALLOUGH RO P O BOX 731136							
UATTONA BE	ACH FL 32114	ORMOND BEACH FL 32120 US				DO NOT WRITE IN THIS SPACE	
- 00		03	US			3. Date Incorporated or Qualified	
						03/27/1990	
2. Principal P	lace of Business	2a, Mailing Address				4, FEI Number Applied For	
21		26				59-3089897 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8.75 Additional	
22		27				5. Certificate of Status Desired Fee Regulred	
City & State	Ð	City & State				6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	Country		This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30.  Yes No	
	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
FE:	SSMANN, LENNIE			81	Name		
13 BAYBERRY				82	Street	Address (P.O. Box Number is Not Acceptable)	
OR	MOND BEACH FL 32174			02	30000	nadiess (1.0. box hulliber is not neceptable)	
				83			
				_			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes, the a	bove	e-named	corporation submits this statement for the purpose of changing its registered	
office or r	<b>egiste</b> red agent, or both, in the S <b>m fam</b> iliar with, and accept the o	tate of Florida. Such change was bligations of, Section 607.0505, F	authorize Iorida Sta	ed by	the cor	poration's board of directors. I hereby accept the appointment as registered	
_	THE PARTY OF THE P	rigations of, coolidat cortispos, in	ionda ota	idio	,.		
SIGNATURE	Signature, typed or printed name of requisters	d agent and little if applicable (NO	TE Registere	d Age	int signature	required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 ī	1.1 TITLE		Change Addition	
NAME	Fessmann, Lennie		1.2 N	AME			
STREET ADDRESS	13 BAYBERRY		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		1.4 0	ITY-S	1 - ŽIP		
TITLE		DELETE	2.1 T	ITLE		UP ☐ Change ☑ Addition	
NAME				2.2 NAME F.		FESSMANN, BONNA	
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS /		13 BAUBERRY	
CITY-ST-ZIP			2.40	CITY-5	ST-ZIP	ORMONE BEACH EL 32/74	
TITLE		DELETE 3.1 TH		ITLE		FESSMANN, BONNA  13 GAYBERRY  ORMOND BEACH, EL 32174  Change Addition	
NAME	3		3.2 N	3.2 NAME			
STREET ADDRESS			33\$	TREET	ADDRESS		
CITY-ST-ZIP	34		34.0	OITY-8	ST - ZIP		
TITLE		DELETE	4.1 T			Change Addition	
NAME			4.21	NAME			
STREET ADDRESS			4.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-			
TITLE		☐ DELETE		5.1 TITLE		Change Addition	
NAME			5.2 N	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP							
TITLE		DELETE		5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME			6.2 N				
STREET ADDRESS			•		ADDRESS		
CITY-ST-ZIP				ITY-S		· · · · · · · · · · · · · · · · · · ·	
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14. Thereby 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.