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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L73002

JET CHARTER INTERNATIONAL, INC.

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Principal Plac	e of Business	Mailing Address			1 10011211 011 10000 11111 00111	AA510 1505 A1861 A191	1 8 1811 9 1811 1	81411 61811 1881
200 OCEAN TR	AN WAY	200 OCEAN TRAIL WAY						
606		606						
JUPITER FL 33477 JUPITER FL 33477					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualife	d	,	3.7 N
					05/15/1990			,
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Δn	plied For
-					65-0246174		 	ot Applicable
					03-0240174	· .		
		—	, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75	1
		27					Fee Re	
		City & State	& State		6. Election Campaign Financine	9 🗀 .	\$5.00	
23	-	28			Trust Fund Contribution		Added	to Fees
Zip	Country Zip		Country		8. This corporation owes the cu			
24	25		30		Personal Property Tax.	9	es	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered Ag	jent	
			8	1 Name				
SHIN	NNEMAN, BRUCE A.	3.					* .	
200 OCEAN TRAIL WAY			8	Street Add	dress (P.O. Box Number is Not Acceptable)			
#606			8	2	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・			
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11. Pursuant	to the provisions of Sections 607.050: registered agent, or both, in the State im familiar with, and accept the obligat	2 and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for th	e purpose of ch	anging its	registered
office or r	registered agent, or both, in the State in im familiar with, and accept the obligat	of Florida. Such change was a tions of Section 607 0505. Flo	uthorized t rida Statute	y the corporat	ion's board of directors, I nereby acc	ept the appointr	nent as re	gistered
115	tattiliai with, and accept the congain	10.	nou oluloi.		*			
SIGNATURE								
	"Signature, typed or printed game of registered agen	nt and title if annlicable (NOTE	: Registered Ad	sent signature requi:	red when reinstating)	DATE		
12	'Signature, typed or printed name of registered agen OFFICERS AN			ent signature requir	red when reinstating) (() () () () () () () () ()		DIRECTO	ORS IN 12
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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

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90043 029 ***150.00