


FILE NOW: FILING FEE IS \$61.25

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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90042 002 *****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005200					
1. Corporation Name FLORIDA JET FLYERS, INC.					
Principal Place of Business 2020 E. EDGEWOOD DR., #57 LAKELAND FL 33803			Mailing Address P. O. BOX 5335 LAKELAND FL 33807		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/11/1997 4. FEI Number 59-3480707 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent BURDIN, JOHN 2020 E. EDGEWOOD DR., #57 LAKELAND FL 33803				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			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDIN, JOHN	1.2 NAME	
STREET ADDRESS	2020 EDGEWOOD DRIVE #57	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAWORSKI, STEVE	2.2 NAME	
STREET ADDRESS	2109 E. SANDALWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDEY, WALLACE	3.2 NAME	
STREET ADDRESS	223 SYLVIA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/04/98 741-667-1785

CR2E037 (11/98)