

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # **P27793**

(9)

1. Corporation Name

CORPORATE JETS, INC.



Principal Place of Business

**ALLEGHENY COUNTY AIRPORT
PITTSBURGH PA 15122**

Mailing Address

**ALLEGHENY COUNTY AIRPORT
PITTSBURGH PA 15122**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

01/22/1990

3a. Date of Last Report

04/16/1996

4. FEI Number

25-1351959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHAULIS, FRED S.	
STREET ADDRESS	14800 N. AIRPORT DR.	
CITY - ST - ZIP	SCOTTSDALE AZ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMIREZ, THOMAS M.	
STREET ADDRESS	ALLEGHENY CO. AIRPORT	
CITY - ST - ZIP	WEST MIFFLIN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREVOLA, JOHN J.	
STREET ADDRESS	14800 N. AIRPORT DR.	
CITY - ST - ZIP	SCOTTSDALE AZ	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TITUS, ROBERT L.	
STREET ADDRESS	ALLEGHENY CO. AIRPORT	
CITY - ST - ZIP	PITTSBURGH PA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BARRETT, JAMIE R.	
STREET ADDRESS	ALLEGHENY CO. AIRPORT	
CITY - ST - ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATKINS, CHARLES B.	
STREET ADDRESS	322 BLVD OF THE ALLIES	
CITY - ST - ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Titus 1/6/97

Daytime Phone #

0612311

CR2E034 (9/96)