

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

01503

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90072 020 ***150.00

DOCUMENT # P92000014356

1. Corporation Name..
JEBB AIR INC.



Principal Place of Business
92530 OVERSEAS HWY.
TAVERNIER FL 33070

Mailing Address
P.O. BOX 3145
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0377457	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

NEAT, BRAD
92530 OVERSEAS HWY.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name BRAD NEAT
82 Street Address (P.O. Box Number is Not Acceptable) 135 PLANTATION DR PO BOX 547
83
84 City TAVERNIER FL 85 Zip Code 33070

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	NEAT, BRADFORD	1.2 NAME	BRAD NEAT
STREET ADDRESS	92530 OVERSEAS HWY, P.O. BOX 573	1.3 STREET ADDRESS	135 PLANTATION DR PO BOX 547
CITY-ST-ZIP	TAVERNIER FL 33070	1.4 CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	V	2.1 TITLE	
NAME	BIGELOW, FRASER R	2.2 NAME	
STREET ADDRESS	7 STILLWRIGHT WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	CHOMAT, HECTOR	3.2 NAME	
STREET ADDRESS	11430 N. KENDALL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 FEB 99

Date

305 8526352

Daytime Phone #

CR2E034 (1/98)