

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90159 017 ***158.75

DOCUMENT # P93000002744

1. Corporation Name

SOUTHEASTERN JET AVIATION, INC. k/n/a
AIRCRAFT CHARTER SOLUTIONS, INC.

Principal Place of Business

5500 N.W. 21 TERRACE
FT. LAUDERDALE FL 33309
US

Mailing Address

5500 N.W. 21 TERRACE
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1993

4. FEI Number

65-0444869

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1041 SE 17 Street

Suite, Apt. #, etc.

22 Penthouse

City & State

23 Ft. Lauderdale, FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 1041 SE 17 Street

Suite, Apt. #, etc.

27 Mailbox 15

City & State

28 Fort Lauderdale, FL

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

LIMA, SONIA
5520 N.E. 26 AVE.
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Scott C. Burgess, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

1041 SE 17 Street, Penthouse

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33316

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

Scott C. Burgess, Esquire 21APR99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 ☒ DELETE

PD
NAME LIMA, SONIA
STREET ADDRESS 5520 N.E. 26 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

12.2 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.3 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.4 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.5 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.6 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☒ Addition

1.2 NAME PD
1.3 STREET ADDRESS Kirk S. Mueller
1.4 CITY-ST-ZIP 1041 SE 17 Street, Penthouse
Fort Lauderdale, FL 33316

2.1 ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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

21APR99

Date

954-766-4644

Daytime Phone #

CR2E034 (1/98)