

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

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

04-26-1999 90159 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

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 Country
24 33316 25 USA

2a. Mailing Address
26 1041 SE 17 Street
 Suite, Apt. #, etc.
27 Mailbox 15
 City & State
28 Fort Lauderdale, FL
 Zip Country
29 33316 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMA, SONIA	1.2 NAME	Kirk S. Mueller
STREET ADDRESS	5520 N.E. 26 AVE.	1.3 STREET ADDRESS	1041 SE 17 Street, Penthouse
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 607, Florida Statutes; and that my name appears in Block 2 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 954-766-4644
 Date Daytime Phone #

CR2E034 (1/98)