

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**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90203 040 \*\*\*150.00

**DOCUMENT # P93000022647**

1. Corporation Name

**JET LINK UNLIMITED, INC.**



Principal Place of Business

**3700 AIRPORT ROAD  
STE 410  
BOCA RATON FL 33431  
US**

Mailing Address

**3700 AIRPORT RD  
SUITE 410  
BOCA RATON FL 33431  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/24/1993**

4. FEI Number

**65-0395495**

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 75 SE 4TH AVE.**

2a. Mailing Address

**26 75 SE 4TH AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 DELRAY BEACH, FL**

City & State

**28 DELRAY BEACH, FL**

Zip Country

**24 33483 25 US**

Zip Country

**29 33483 30 US**

9. Name and Address of Current Registered Agent

**MURRAY, TIMOTHY  
8891 N.W. 1ST STREET  
CORAL SPRINGS FL 33067**

10. Name and Address of New Registered Agent

81 Name

**LOIS D. MURRAY**

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

**1111 VISTA DEL MAR DR.**

83

84 City

**DELRAY BEACH**

**FL**

85 Zip Code

**33483**

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

*Lois D. Murray*

**LOIS D. MURRAY, PRESIDENT**

**2-16-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **D MURRAY, TIMOTHY**  
STREET ADDRESS **115 H VENETIAN DRI**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**P**

1.2 NAME

**LOIS D. MURRAY**

1.3 STREET ADDRESS

**1111 VISTA DEL MAR DR.**

1.4 CITY-ST-ZIP

**DELRAY BEACH, FL 33483**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

*Lois D. Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-99**

Date

**561-274-4275**

Daytime Phone #

CR2E034 (11/98)