

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000051845 (4)

1. Corporation Name
FLORIDA JET SERVICE, INC.



Principal Place of Business Mailing Address
**8600 PINES BLVD
PEMBROKE PINES FL 33024** **8600 PINES BLVD
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified **07/23/1993** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0426786** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc Suite, Apt. #, etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAROONE, MICHAEL E
8600 PINES BLVD
PEMBROKE PINES FL 33024**

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, as 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 607.05, Florida Statutes.

SIGNATURE *Michael E. Maroone* **MICHAEL E. MAROONE** **4-30-96**
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when registering) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	V MAROONE, ALBERT E 8600 PINES BLVD PEMBROKE PINES FL 33024	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ST MAROONE, MICHAEL E 8600 PINES BLVD PEMBROKE PINES FL 33024	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P ROBERTSON, TERRY 2 8600 PINES BLVD. PEMBROKE PINES FL 33024	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VPCF REESE, DONALD J. 2682 EDGEWATER COURT FT LAUDERDALE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP HODGEN, BRADLEY N. 729 CRYSTAL COURT FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael E. Maroone* **4-30-96** **(954) 433-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)