

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

FILED

**Feb 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000051845 (4)
 1. Corporation Name
FLORIDA JET SERVICE, INC.



Principal Place of Business 8600 PINES BLVD PEMBROKE PINES FL 33024	Mailing Address 8600 PINES BLVD PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address <i>2665 NW 56 ST.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>HANGAR 54</i>
23 City & State	27 City & State <i>FT LAUDERDALE, FL</i>
24 Zip	29 Zip <i>33309</i>
25 Country	30 Country <i>BROWARD</i>

3. Date Incorporated or Qualified 07/23/1993	
4. FEI Number 65-0426786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MAROONE, MICHAEL E 8600 PINES BLVD PEMBROKE PINES FL 33024	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<i>2665 NW 56 ST. HANGAR 54</i>
84 City	<i>FT LAUDERDALE FL</i>
85 Zip Code	<i>33309</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, ALBERT E	1.2 NAME	
STREET ADDRESS	8600 PINES BLVD	1.3 STREET ADDRESS	<i>381 CRAIG BURN DRIVE</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	<i>8 AURORA, NY 14052</i>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, MICHAEL E	2.2 NAME	
STREET ADDRESS	8600 PINES BLVD	2.3 STREET ADDRESS	<i>2665 NW 56 ST. HANGAR 54</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	<i>FT LAUDERDALE, FL 33309</i>
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, TERRY 2	3.2 NAME	
STREET ADDRESS	8600 PINES BLVD.	3.3 STREET ADDRESS	<i>2665 NW 56 ST. HANGAR 54</i>
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.4 CITY-ST-ZIP	<i>FT LAUDERDALE, FL 33309</i>
TITLE	VPCF <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, DONALD J.	4.2 NAME	
STREET ADDRESS	2682 EDGEWATER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGEN, BRADLEY N.	5.2 NAME	
STREET ADDRESS	729 CRYSTAL COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: *2/16/98* *954,777,0778*

CFR2E034 (10/97)