

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

DOCUMENT # P93000076632 (7)

1. Corporation Name

JET AIR SERVICES SERV, INC.



Principal Place of Business

1320 N. SEMORAN BLVD.  
# 200  
ORLANDO FL 32807

Mailing Address

1320 N. SEMORAN BLVD.  
# 200  
ORLANDO FL 32807

3. Date Incorporated or Qualified  
10/29/1993

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

21 672 N. SEMORAN BLVD

Suite, Apt. #, etc.

22 201

City & State

23 Orlando FL

Zip

24 32807

Country

25 USA

2a. Mailing Address

26 672 N. SEMORAN BLVD

Suite, Apt. #, etc.

27 201

City & State

28 Orlando FL

Zip

29 32807

Country

30 USA

4. FEI Number

59-3201890

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

9. Name and Address of Current Registered Agent

SLADE, LARRY  
8101 ELSEE DRIVE  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

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, 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SLADE, LARRY  
STREET ADDRESS 8101 ELSEE DRIVE  
CITY-STATE-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE

NAME BERMUDEZ, HENDER  
STREET ADDRESS 1320 N. SEMORAN BLVD., # 200  
CITY-STATE-ZIP ORLANDO FL 32807

TITLE STD ☐ DELETE

NAME SOARES, LEIBNITZ S  
STREET ADDRESS 5903 PINTO LANE  
CITY-STATE-ZIP ORLANDO FL 32822

TITLE D ☒ DELETE

NAME UMPIERRE, LUIS  
STREET ADDRESS 3538 E. GRAND ST.  
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

D. Victor R. Oaboin  
1620 LBS ST  
KING FL 34744

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)