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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
672 N SEMORAN BLVD
SUITE 201
ORLANDO FL 32807
US

Mailing Address
672 N SEMORAN BLVD
201
ORLANDO FL 32807-3372
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/29/1993
3a. Date of Last Report
01/31/1996
4. FEI Number
59-3201890
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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SLADE, LARRY
STREET ADDRESS 8101 ELSEE DRIVE
CITY-ST-ZIP ORLANDO FL 32822
TITLE D
NAME BERMUDEZ, HENDER
STREET ADDRESS 1320 N. SEMORAN BLVD., # 200
CITY-ST-ZIP ORLANDO FL 32807
TITLE STD
NAME SOARES, LEIBNITZ S
STREET ADDRESS 5903 PINTO LANE
CITY-ST-ZIP ORLANDO FL 32822
TITLE D
NAME DEBOIN, VICTOR R
STREET ADDRESS 1620 LES COURT
CITY-ST-ZIP KISS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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

14. I do 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:

SIGNATURE OF REGISTERED AGENT OR DIRECTOR

1/21/97

382-5151

CR2E034 (9/96)