

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

FILED
Apr 27 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 # **P94000005046 (5)**

1. Corporation Name
JET CAP AVIATION CORPORATION

Principal Place of Business
**3925 AERO PLACE
UNDER REGIONAL AIRPORT
LAKELAND FL 33811**

Mailing Address
**14323 S. OUTER 40 RD #600 N
TOWN & COUNTRY MO 63017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 354 BARTOW MUNICIPAL AIRPORT		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/21/1994	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 59-3220272	
City & State 23 BARTOW, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33830		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	
				FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, B.D.			1.2 NAME			
STREET ADDRESS	14323 S. OUTER FORTY DR. #600N			1.3 STREET ADDRESS	TOWN & COUNTRY MO 63017		
CITY-ST-ZIP	CHESTERFIELD MO			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARISCHEN, ROBERT J.			2.2 NAME			
STREET ADDRESS	14323 S. OUTER FORTY DR. #600N			2.3 STREET ADDRESS	TOWN & COUNTRY MO 63017		
CITY-ST-ZIP	CHESTERFIELD MO			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDSTEIN, WILLIAM J.			3.2 NAME			
STREET ADDRESS	3925 AERO PLACE			3.3 STREET ADDRESS	7600 CAMBRIDGE DRIVE		
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	CRESTWOOD, KY 40014		
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERKRUYSSE, ANTHONY J.			4.2 NAME			
STREET ADDRESS	14323 S. OUTER FORTY DR. #600N			4.3 STREET ADDRESS	TOWN & COUNTRY MO 63017		
CITY-ST-ZIP	CHESTERFIELD MO			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Anthony J. Verkruysse

4/16/98 (314) 878-0155

CR2E034 (10/97)