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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400008911 (7)

JET FLORIDA AIRLINES, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 3226 CAPITAL CIRCLE SW 3226 CAPITAL CIRCLE SW TALLAHASSEE FL 32310 TALLAHASSEE FL 32310-8723									# <b>[] []</b>   []   []
						3. Date Incorporated or Qualified 02/04/1994	3a. Date of 05/01/		ort
2. Principal Flace of Business 2a. Mailing Address						4. FEI Number	U0/U1/		ed For
21 26						59-3304166			pplicable
Suite, Ar	ot #, etc	Suite, Apt, #, etc.	<del></del>			5. Certificate of Status Desired	□ <b>\$</b>	8.75 Add Fee Regui	
City & St	aie	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	3   28   Z <sub>I</sub> p   Country   Z <sub>I</sub> p			ntry		Trust Fund Contribution Added to Fees			
24	1		30	ntry  8. This corporation has liability for intangible ax u Florida Statutes			9.032,		
	9. Name and Address of Curre		1001			10. Name and Address of New Reg		hi	
LE	EDSON, RICHARD L			81	Name		7		
3226 CAPITAL CIRCLE SW				82	Street Addres	treet Address (P.O. Box Number is Not Acceptable)			
T/	ALLAHASSEE FL 32310		ł	83		95944 - 959444 - 959444 - 199444 - 199444 - 199444 - 199444 - 199444 - 199444 - 199444 - 199444 - 199444 - 1994			
				84	City		<b></b> 85	Zip Cod	10
			ļ		•				
office of agent 4						oration submits this statement for the pu on's board of directors. I hereby accept		nging its reg	Jistered
12.	Sign rare, typed or profed name of registered as	gent and title if applicable (NO ND DIRECTORS	TE Registered	Ageni	t signature required	ADDITIONS/CHANGES TO OFFICE	DATE DO AND DIE	ECTOPS I	N 12
TIJLE	h Orricens Al	AD DIVECTORS	1.1 7/7			ADDITIONS/CHANGES TO OFFICE			Addition
NAME.	LEDSON, RICHARD L		1.2 NA			5000021			
SOREET ADDRESS			1.3 \$1	REETA	DORESS	5000021	37010	4901	<u>.</u> 9
CHY-ST ZiP	TALLAHASSEE FL 32310			Y- \$1	- ZIP	****165			
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)MAM				2.2 NAME					
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CITY-ST-7IP TITLE			2 4 CI 3.1 TIT		- ZIP		- 1	Change L	Addition
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C-TY-ST-ZIP			4.4 C)1		- ZIP			<u> </u>	1.7
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NAME			5.2 NA						
STREET ADORES:	5				DORESS	100			\
CHY-SI-ZaP Title		DELETE	5 4 CIT	~~~~	- ZIP			Change [	Addition
NAME		בן טנננונ	6.2 NA			91\d <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	لببا	Change L	_ riddillon
STHEFT ADDRESS	ε		1		DDRESS /	XXIVV \			
CITY-ST-7/P	S		6.4 CI		1	(11711			
	reby certify that the information supplied	ed with this filing does not mua				o Section 119.07(3)(i). Florida Statutes.	I further cer	tify that the	

Too indexity decrease that the information supplied with this imag does not quality for the exemption stated at Seption 119.07(3)(f). Florida statutes, further certify that 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 13 of block 13 of changing or on an attachment with an address.

**SIGNATURE:** 

HEQUIRED