

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

FILED  
Mar 14 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000014737 (8)

1. Corporation Name  
INTERJET, INC.

Principal Place of Business

Mailing Address

302 NORTH OCEAN BLVD.  
DELRAY BEACH FL 33483  
US

P.O. BOX 1080  
PADUCAH KY 42002-1080  
US



|                                |  |                        |  |  |  |  |  |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>02/22/1994                                    |  | 3a. Date of Last Report<br>03/07/1996  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0469146  |  | Applied For<br>Not Applicable  |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional<br>Fee Required  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees   |  |
| 24 Country                     |  | 29 Country             |  | 30   |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

CHOPIN, FRANK L  
440 ROYAL PALM WAY  
SUITE 200  
PALM BEACH FL 33480

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PD                    | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEEL, MARK J          | 12 NAME   |   |
| STREET ADDRESS             | 302 NORTH OCEAN BLVD. | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | DELRAY BEACH FL 33483 | 14 CITY-ST-ZIP  |   |
| TITLE                      |                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 2.2 NAME  |   |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME  |   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME  |   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 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                      |                       | 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 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, trustee, or liquidator of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



3-10-97

CR2E034 (9/96)