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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000023647 (8)

DOCUMENT 1. Corporation Name	# P94000023647
COMMUTER/JET	INTERNATIONAL, INC.

Principal Place of Business Matino Address 500 N. WESTSHORE BLVD. 500 N. WESTSHORE BLVD. SUITE 610 SUITE 610 **TAMPA FL 33609** TAMPA FL 33609 3a. Date of Last Report 3. Date Incorporated or Qualified 11/09/1995 03/28/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-52 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zφ Country Yes No Florida Statutes 29 30 24 25 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HOLDER, HAROLD D JR. Street Address (P.O. Box Number is Not Acceptable) 82 500 N. WESTSHORE BLVD. 83 SUITE 610 **TAMPA FL 33609** City 85 Zip Code 84 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: Stgnarure, typed or princed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ___ Change Addition DELETE 1 1 TITLE TITLE HOLDER, HAROLD D JR. 1.2 NAME NAME 500 N. WESTSHORE BLVD., SUITE 610 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** 1.4 CHTY - ST - ZIF CITY-ST-ZIP ___ Change Addition [] DELETE 2.1 TOLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CHY-ST-ZIP Change [] Addition ["] DELETE 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 City - ST - ZiP CITY-ST-ZIP Addition DELETE 4 1 TITLE TITLE 4.2 NAME ***1400.00 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 2IP CITY-S1-7iP Change Addition TT DELETE 5 1100 £ TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP Addition Change [] DELETE TITLE B. 1 TITLE 6.2 NAME NAME

€ 3 STREET ADDRESS

6.4 C-TY - ST - 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

oath; that I am an officer or director appears in Block 12 or Block 13 if

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

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