SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000023647 (8)

1. Corporation Name

COMMUTER/JET INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
500 N. WESTSHORE BLVD. SUITE 610 TAMPA FL 33609	500 N. WESTSHORE BLVD. SUITE 610 TAMPA FL 33609

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 11/09/1995

2. Principal Place of Business	2a. Mailing Address
21 401 E. JACKSON ST.	26 401 E JACKSON ST.
Suite, Apt. #, etc 22 SUITE 2400	Suite, Apt. #, etc 27 SUITE 2400
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33602 — Country 25 USA	Zip 29 33602 — Country 30 USA

4. FEI Number: 59-3242729 ☐ Applied For ☐ Not Applicable
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**

HOLDER, HAROLD D JR.
500 N. WESTSHORE BLVD.
SUITE 610
TAMPA FL 33609

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 401 E JACKSON ST.
83 SUITE 2400
84 City TAMPA **FL** 85 Zip Code 33602

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☒ Change ☐ Addition	
TITLE	D	1.1 TITLE	P, S, D
NAME	HOLDER, HAROLD D JR.	1.2 NAME	
STREET ADDRESS	500 N. WESTSHORE BLVD., SUITE 610	1.3 STREET ADDRESS	401 E. JACKSON ST. SUITE 2400
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	TAMPA FL 33602
☐ DELETE		☐ Change ☐ Addition	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
☐ DELETE			
TITLE		6.1 TITLE	
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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] HAROLD D HOLDER JR — 8/5/96 — 941-644-3573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0103337 CP