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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name P94000032102 (3)

JETT ENTERPRISES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address **6338 PRESIDENTIAL COURT** 6338 PRESIDENTIAL COURT SUITE 102 SUITE 102 DO NOT WRITE IN THIS SPACE FORT MYERS FL 33918 FORT MYERS FL 33919 3. Date Incorporated or Qualified 04/27/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 1952 Park Meadows Dr 1952 Park Meadows Dr 39-1789602 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be Fort Myers, FL Fort Myers, FL Trust Fund Contribution 28 Added to Fees Country ZiD Country 8. This corporation owes or has paid the current year Intangible 33907 33907 Lee Lee Yes □ Ño 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PITTMAN, LARRY 6338 PRESIDENTIAL COURT Street Address (P.O. Box Number is Not Acceptable) 1952 Park Meadows Drive 82 **SUITE 102** 83 FORT MYERS FL 33919 #2 84 Zip Code 33907 Fort Myers 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, typied or printed name of registered agent and lists if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition KRYSTASZEK, HENRY NAME 1.2 NAME **5521 WHIRLAWAY LANE** STREET ADDRESS 1.3 STREET ADDRESS RACINE WI 53402 CITY-ST-7IP 1.4 CITY-ST-7IP Change DELETE 21 TITLE Addition NAME KRYSTASZEK, BARBARA 2.2 NAME STREET ADDRESS 5521 WHIRLAWAY LANE 23 STREET ADDRESS RACINE WI 53402 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE

14. Thereby 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 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 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 of 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 of 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 of 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 of supplied with this filing does not qualify for the receiver of the corporation of the supplied with this filing does not qualify for the receiver of the corporation of the certify that the information indicated on this annual report of the certific that the information indicated on this annual report of the certific that the information indicated on this annual report of the certific that the information indicated on this annual report of the certific that the information indicated on this annual report of the certific that the information indicated on this annual report of the certific that the information indicated on the supplied with the information indicated on the certific that the informatio

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4.1 TITLE

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5.1 TITLE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Change

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**FILED** 

Feb 27 1998 8:00am

Secretary of State

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