## 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

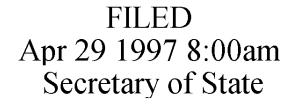
DOCUMENT # P9400073046 (2)

DP - JET, INC.

Principal Place of Business Mailing Address

601 GRAND CENTRAL
CLEARWATER FL 34616

CLEARWATER FL 34616-3409





| CLEARWATER FL 34616 |  |   | CLEARWATER FL 34616-3409         |                       |   |                                    |
|---------------------|--|---|----------------------------------|-----------------------|---|------------------------------------|
|                     |  |   |                                  |                       | 3. Date Incorporated or Qualified 10/03/1994  | 3a. Date of Last Report 05/01/1996 |
|                     | lace of Business   | 2a. Mailing Address   | 28. Mailing Address              |                       | 4. FEI Number   | Applied For                        |
| 21                  |  | 26  | 26                               |                       | 65-0536635  | Not Applicable                     |
| Suite, Apt. #, etc. |  | Suite, Apt. #, etc.   | Suite, Apt. #. etc.              |                       | E Contificate of Chatter Desired  | \$8.75 Additional                  |
| 22 City & Cialo     |  | 27  | 27                               |                       | 5. Certificate of Status Desired  | Fee Required                       |
| L CIV DE SIZIE      |  | City & State  | City & State                     |                       | 6. Election Campaign Financing  | \$5.00 May Be                      |
| Zip Country         |  | 28  | 28                               |                       | Trust Fund Contribution   | ☐ Added to Fees                    |
| 410                 | Country  | Zιp   | Country                          |                       | 8. This corporation has liability for in  | ntangible tax under s. 199.032,    |
| 24                  | 25   | 29  | 30                               |                       |   | Yes No                             |
|                     | 9. Name and Address of Curr  | ent Registered Agent  |                                  |                       | 10. Name and Address of New Reg   | istered Agent                      |
|                     | LER, JOHN E  |   | 8                                | 1 Name                |   |                                    |
|                     | GRAND CENTRAL  |   | 8:                               | 2 Street Add          | ress (P.O. Box Number is Not Acceptable   | e)                                 |
| CLE                 | ARWATER FL 34616   |   |                                  |                       |   |                                    |
|                     |  |   | 8:                               | 3                     |   |                                    |
|                     |  |   | 84                               | 1 City                |   | <b>■ 85</b> Zip Code               |
|                     |  |   |                                  | /                     |   | FL   '                             |
| 11. Pursuant        | to the provisions of Sections 607.05   | 02 and 607.1508, Florida State                                    | ites, the abo                    | ve-named com          | poration submits this statement for the pution's board of directors. I hereby accep | rpose of changing its registered   |
| agent. I a          | registered agent, or both, in the Sta<br>im familiar with, and accept the obli | te of Florida, Such change was<br>igabons of, Section 607,0505, F | i autnorized b<br>Torida Statuti | by the corpora<br>es. | ition's board of directors. I hereby accep  | the appointment as registered      |
| SIGNATURE           | ,  |   |                                  |                       |   |                                    |
| JIGNATORE           | Signature, typed or printed name of registered a                               | gent and title if applicable (NC                                  | III. Bug stered A                | gont signature requi  | ired when reinsta; pg)  | DATE                               |
| 12.                 |  | ND DIRECTORS  | 13.                              |                       | ADDITIONS/CHANGES TO OFFICE   | ERS AND DIRECTORS IN 12            |
| TITLE               | D  | ☐ DELETE  | 1.1 TITLE                        |                       |   | Change Addition                    |
| NAME                | TAYLER, JOHN E   |   | 1.2 NAME                         |                       |   |                                    |
| STREET ADDRESS      | 601 GRAND CENTRAL  |   | 1.3 STREE                        | TADDRESS              |   |                                    |
| CITY-ST-ZIP         | CLEARWATER FL 34818  |   | 14 CITY-                         | ST-7IP                |   |                                    |
| TITLE               | D  | DELETE 211  |                                  |                       |   | Change Addition                    |
| NAME                | Perkins, david G Jr.   | 22  |                                  |                       |   |                                    |
| STREET ADDRESS      | 601 GRAND CENTRAL  |   | 2.3 STREE                        | I ADDRESS             |   |                                    |
| CITY-ST-ZIP         | OFFICE PLANTS  |   | 2. 4 CHY                         | SI - ZiP              |   |                                    |
| TITLE               | DELETE   |   | 3.1 TAILE                        |                       |   | Change Addition                    |
| NAME                |  |   | 3.2 NAME                         |                       |   | , — • —                            |
| STREET ADDRESS      |  |   | 3.3 STREE                        | LADDRESS              |   |                                    |
| CITY-ST-ZIP         |  |   | 3.4 CITY                         |                       |   |                                    |
| TITLE               |  |   | 4.1 1111.6                       |                       |   | Change Addition                    |
| NAME                |  |   | 4. 2 NAMI                        |                       |   |                                    |
| STREET ADDRESS      |  |   |                                  | I ADORESS             |   |                                    |
| CITY-ST-ZIP         |  |   | 4.4 CITY -                       | ·                     |   |                                    |
| TITLE               |  | DELETE  | 5.1 TITLE                        | 01 211                |   | Change Addition                    |
| NAME                |  |   | 5.2 NAME                         |                       |   | E Change E Rechton                 |
| STREET ADDRESS      |  |   | •                                | T ADDRESS             |   |                                    |
| CITY-ST-ZIP         |  |   |                                  |                       |   |                                    |
| TITLE               |  | DELETE  | 54 CHY-<br>61 THUE               | 51 - ZIP              |   | Change Addition                    |
| NAME                |  |   |                                  |                       |   | Li Change Li Augition              |
|                     |  |   | 6.2 NAME                         |                       |   |                                    |
| STREET ADDRESS      |  |   |                                  | 1 ADDRESS             |   |                                    |
| CITY-ST-ZIP         |  |   | 6.4 CITY -                       | ST - 24P 1            |   |                                    |

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or or an attachment with an address.

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