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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000077641 (6)

1. Corporation Name
LITE JET, INC.

Principal Place of Business

Mailing Address

759 PARKWAY ST
SUITE 102
JUPITER FL 33477
US

759 PARKWAY ST
SUITE 102
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0539025

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUCCI, THOMAS
%LITE JET INC
759 PARKWAY ST, 102
JUPITER FL 33477

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME DICKENSON, KEVIN
STREET ADDRESS 1209 MAINSAIL CIRCLE
CITY-ST-ZIP JUPITER FL

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
1.2 NAME DICKENSON, KEVIN
1.3 STREET ADDRESS Same
1.4 CITY-ST-ZIP

TITLE DVPT ☐ DELETE
NAME MURRAY, MICHAEL
STREET ADDRESS 4171 SW EGRET POND TERRACE
CITY-ST-ZIP PALM CITY FL

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME MURRAY, MICHAEL
2.3 STREET ADDRESS Same
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PUCCI, THOMAS F.
STREET ADDRESS 495 SOUTH BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL 33455

3.1 TITLE PRESIDENT - CEO ☒ Change ☐ Addition
3.2 NAME PUCCI, THOMAS F.
3.3 STREET ADDRESS Same
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DEUTCH, ANDREW
STREET ADDRESS 58 4TH STREET
CITY-ST-ZIP PARK RIDGE NJ 07656

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HILLEBRECHT, ROBERT
STREET ADDRESS 1 HATHWAY LANE
CITY-ST-ZIP WHITE PLAINS NY 10605

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME DOYLE, DOROTHY E
STREET ADDRESS 416 BROKENWOOD LANE S
CITY-ST-ZIP PALM BEACH GARDENS FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: [Date]

CR2E034 (10/97)