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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P94000077943 1. Corporation Name

EXEC-JET, INC.

	Principal Place of 6
l	4225 GORDON DR
ı	NADIES EL SALOS

Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90164 015 ***150.00

	.,					
Principal Place	of Business	Mailing Address				T (00H 00 t and totall grain g
4225 GORDON DR						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 10/21/1994
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						06-1411379 Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State 23 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zìp	Country 25	Zip 31	Coun	itry		8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
PHILLIPS, PATRICK R ESQ					Name	ress (P.O. Box Number is Not Acceptable)
200 NORTH THORNTON AVE.					Sliger Addi	less (F.O. Box Number is Not Acceptable)
ORLANDO FL 32801-2164				83		
					City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	nonzea	מז עם	named corp ne corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					signature require	od when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	LE		☐ Change ☐ Addition
NAME SCHUMANN, DOUGLAS D 12 N			1.2 NAM	ME		
STREET ADDRESS 1407 FLANDERS ROAD 1.3 ST				REETA	DDRESS	
GITT-GT-ZII GOOT MITCH GT GOTGO				Y-ST-	ZIP	
TITLE		☐ DELETE	2.1 TITL	LE		☐ Change ☐ Addition

2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ... DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

CR2E034 (11/98)