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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020272 (7)

FILED Feb 03 1998 8:00am Secretary of State

JET NE	ews age	NCY, INC.											
Principal Plac	e of Busines	S	Mail	ing Address	_				1 18811881 118 1919) DIVI 9811 DDIV 9811 88	ISIN IINII ONIIN III		1	
1022 NE 14 ST 1022 NE 14 ST													
OCALA FL 34470 OCALA FL 34470									DO NOT WRITE IN	THIS SPACE			
								ŀ	3. Date Incorporated or Qualified	THO DI AGE			7
								Ī	03/10/1995				
2. Principal F	Place of Busin	ness	2a. N	2a. Mailing Address					4. FEI Number		Api	olied For	7
21			26	26				-	59-2963082	Not Applicable			
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.					5. Certificate of Status Desired	1 \$8.	75 A	dditional	
22			27						5. Certificate of Statos Desired	Fe	e Rec	quired	
City & Stat	1e		C	City & State					6. Election Campaign Financing			May Be	
23			28	Zip Country				_+	Trust Fund Contribution L			Fees	4
Zip	Country 25			·					8. This corporation owes or has paid the	ne current yea		ingible No	ı
24	9. Name and Address of Current			29 30 30 Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Regist			NO	\dashv
CIE						B1	Name						
	EFERT, MIC 6 SE THIRD												_
	CALA FL 34						82 Street Addr		(P.O. Box Number is Not Acceptable)				
	MUN FL ON	773				83							┪
									77.44				
						84	City			FL 85	Zip C	oge	
11. Pursuant office or r agent. I a	to the provis registered ag am familiar wi	ions of Sections 607.05 jent, or both, in the State th, and accept the oblig	02 and 607 e of Florida gations of, S	.1508, Florida Statut Such change wa s a Section 607.0505, Flo	es, the at authorized orida Stat	bove d by	e-named of the corpo	corpore oration	ation submits this statement for the purpo is board of directors. I hereby accept the	ose of chang e appointmer	ng its	registered egistered	1
SIGNATURE													
12.	Signature, typed	or printed name of registered ag OFFICERS AN			E: Aegistere:	d Age	ml signature r	required w	then reinstating) B ADDITIONS/CHANGES TO OFFICERS	AND DIDEC	TODE	2 IN 12	⊣ ջ
TITLE		OFFICERS AN	VID DINECT	DELETE	1.130	T) E			ADDITIONS/CHANGES TO OFFICERS	Cha		Addition	╗
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STREET ADDRESS 1022 NE 14 ST				1.3 STREET ADDRESS			ADDRESS						8
CITY-ST-ZIP		FL 34470			1.4 Cf								ž
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NAME					3.2 NA	ME							
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NAME CORRECT ADDRESS					5.2 NA		ADDDCCC						
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NAME				LLI PLILIE	6.2 NA					U.K.	.gv	- A MONION	
STREET ADDRESS							ADDRESS						
					6.4 CII		1						
14. I hereby c	certify that the	a information supplied w	vith this film	a does not qualify fo				d in Sec	ction 119.07(3)(i) Florida Statutes, I furth	er certify tha	the in	nformation	-

Increasy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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.

1100 Hays