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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

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JETPORT II, INC.

Suite, Apt. #, etc. 22	d 3a. Date of Last Report 11/04/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under s. 199.032, Yes No Registered Agent Table)
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444-2634 3. Date Incorporated or Qualified 11/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0637413 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country 3. This corporation has liability for Florida Statutes 9. Name and Address of Current Registered Agent WEINER, ESQUIRE, MICHAEL S 102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444 83 B4 City 11. Pursuant to the provisions of Sociions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acc agent a minute with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFF	11/04/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under s. 199.032, Yes No Registered Agent Table) FL 85 Zip Code
2. Principal Place of Business 2. Malling Address 2. Principal Place of Business 2. Malling Address 3. Malling Address 4. FEI Number 65-0637413 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. City & State 7. City & State 8. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution	11/04/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under s. 199.032, Yes No Registered Agent Table) FL 85 Zip Code
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Zip Country Zip Country 8, This corporation has liability for Florida Statutes 9, Name and Address of Current Registered Agent 10, Name and Address of New I WEINER, ESQUIRE, MICHAEL S 102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accagent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered agent and latte if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFITIER 1.1 TITLE	Yes No Registered Agent table) FL 85 Zip Code
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TITLE DELETE 1.5 TITLE	DATE
NAME WEINER, MICHAEL 12 NAME	☐ Change ☐ Addition
STREET ADDRESS 102 NORTH SWINTON AVENUE 1.3 STREET ADDRESS	
CHY-ST-ZIP DELRAY BEACH FL 33444 1.4 CHY-ST-ZIP TITLE VT DELETE 2.1 TITLE	Change Addition
V1	
STRASBERG, LESLIE STREET ADDRESS 102 NORTH SWINTON AVENUE 23 STREET ADDRESS	
CHY-ST-ZIP DELRAY BEACH FL 33444 2 4 CHY-S1-ZIP	
TITLE ST DELETE 33 TITLE	Change Addition
NAME BOZELL, CONNIE 32 NAME	
STREET ADDRESS 102 NORTH SWINTON AVENUE 33 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33444 34. CITY-ST-ZIP	
TIPLE DELETE 4.1 TIPLE	Change
NAME STRASBERG, JAMES 4.2 NAME	
STREET ADDRESS 102 NORTH SWINTON AVENUE 43 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33444 44 CITY-ST-ZIP TIGGE DELETE 5.1 TITGE	Change Addition
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NAME STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.5 STREET ADDRESS	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	
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 State information indicated on this annual report or supplier ental annual report is true and accurate and that my signature shall have the same left am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida.	ites. I further certify that the