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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P96000021378 (0)

JETT AIRE FLORIDA ONE INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED May 18 1998 8:00am Secretary of State



4922 DYER BLVD WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 401 Nonthlele Blul
Suite, Apl. #, etc. 65-0663087 21 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired ana Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Bearl F1. П 23 Trust Fund Contribution Added to Fees Country Žip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BYERS, JOHN C 4922 DYER BLVD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 83 84 City Zip Code 85 ons of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ent, or both, in IM State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by adverging the purpose of Section 607.0505, Florida Statutes. 11. Pursuant to the office or regist agent. I am la SIGNATURE RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 11h F BYERS, JOHN C NAME 1.2 NAME **5 RABBITS RUN** STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 7(P 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP Addition TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - \$1 - ZIP 11. Struct

14. Thereby 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.