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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000041525 (2)

1. Corporation Name

JET EXPRESS PRINTING, INC.



Principal Place of Business

Mailing Address

6202 BENJAMIN ROAD #100
TAMPA FL 33634

6202 BENJAMIN ROAD #100
TAMPA FL 33634-5100

2. Principal Place of Business

2a. Mailing Address

21 6306 Benjamin Rd.

26 6202 Benjamin Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #610

27

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33634

25 US

29 33634

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1996

3a. Date of Last Report

4. FEI Number

59-3391428

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

SNOW, MATTHEW B
8102 N. SHELDON ROAD #808
TAMPA FL 33615

81 Name

Michael D. Allweiss

82 Street Address (P.O. Box Number is Not Acceptable)

111 - 2nd Avenue N.E., Suite 620

83

84 City

St. Petersburg

FL

85 Zip Code

33701

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 (required)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
PD
SCHWARTZ, H. JEFFREY
STREET ADDRESS
6202 BENJAMIN ROAD #100
CITY-STATE-ZIP
TAMPA FL 33634

TITLE ☒ DELETE

NAME
VPD
SNOW, MATTHEW B
STREET ADDRESS
6202 BENJAMIN ROAD #100
CITY-STATE-ZIP
TAMPA FL 33634

TITLE ☒ DELETE

NAME
STD
HARRIS, BONNIE A
STREET ADDRESS
6202 BENJAMIN ROAD #100
CITY-STATE-ZIP
TAMPA FL 33634

TITLE ☒ DELETE

NAME
D
PORCELLI, PETER J JR.
STREET ADDRESS
6202 BENJAMIN ROAD #100
CITY-STATE-ZIP
TAMPA FL 33634

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
C
Peten J. Poncelli, Jr.
1.3 STREET ADDRESS
6202 Benjamin Rd.
1.4 CITY-STATE-ZIP
Tampa, FL 33634

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
P
Robert Haga
2.3 STREET ADDRESS
6202 Benjamin Rd.
2.4 CITY-STATE-ZIP
Tampa, FL 33634

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
ST
Michele Walford
3.3 STREET ADDRESS
6202 Benjamin Rd.
3.4 CITY-STATE-ZIP
Tampa, FL 33634

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97

Date

Daytime Phone #

CR2E034 (9/96)