

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

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000062503 (3)**

1. Corporation Name
LUCKY JET CORP.



Principal Place of Business 3495 S.W. 9TH AVENUE FT. LAUDERDALE FL 33315	Mailing Address 3495 S.W. 9TH AVENUE FT. LAUDERDALE FL 33315-3401
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3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report
4. FEI Number 65-0681505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**TILLEM, SCOTT
3495 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**

10. Name and Address of New Registered Agent 81 Name Fiore, Victor 82 Street Address (P.O. Box Number is Not Acceptable) 3495 S.W. 9th ave. 83 City Ft. Lauderdale, FL 33315 84 Zip Code FL

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 _____ (NOTE: Registered Agent's signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MICHALSKI, PETER	1.2 NAME	Fiore, Victor
STREET ADDRESS	3495 S.W. 9TH AVE.	1.3 STREET ADDRESS	3495 S.W. 9th Ave
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	SD	2.1 TITLE	SD
NAME	FIORE, VICTOR	2.2 NAME	Fiore, Linda
STREET ADDRESS	3495 S.W. 9TH AVE.	2.3 STREET ADDRESS	3495 S.W. 9th Ave
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 _____

CR2E034 (9/96)