

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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90025 022 \*\*\*150.00

0416410

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000096329

1. Corporation Name  
CLEARWATER JET CENTER, INC.

Principal Place of Business  
15707 FAIRCHILD DR., HANGER 4  
CLEARWATER FL 33762

Mailing Address  
15707 FAIRCHILD DR., HANGER 4  
CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

59-3447579

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81. Name

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

83.

84. City

FL 85. Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME PERSHES, PAUL  
STREET ADDRESS 1903 S CONGRESS AVE #400  
CITY-ST-ZIP BOYNTON BEACH FL 33426

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME DOSCHER, CHRISTOPHER K  
STREET ADDRESS 282 NORTH STREET  
CITY-ST-ZIP OZONA FL 34660

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME SCIARRA, JR., BLAISE  
STREET ADDRESS 2636 CEDAR VIEW CT  
CITY-ST-ZIP CLEARWATER FL 34621

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME KOBRIN, ARTHUR  
STREET ADDRESS 1903 S CONGRESS AVE #400  
CITY-ST-ZIP BOYNTON BEACH FL 33426

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CEO ☒ DELETE  
NAME LUBINSKY, RANDY  
STREET ADDRESS 341 W MAITLAND AVE #250  
CITY-ST-ZIP MAITLAND FL 32751

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)