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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000002455**

1. Corporation Name

JET STREAM FISHERIES, INC.

| Principal Place of Business | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|
| 130 TERESA LANE | | | | | | | | |

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90069 047 ***150.00



| 130 TERESA LANE MERRITT ISLAND FL 32952 130 TERESA LANE MERRITT ISLAND FL | | 130 TERESA LANE MERRITT ISLAND FL 32952 | 52 | | DO NOT WRIT | E IN THIS | SPACE | | |
|--|---|--|------------------------|----------------------|---|-----------------------|---------------------------|---------------------------|-----------|
| | | | | | 3. Date Incorporated or Qualifed 01/09/1997 | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For | _ |
| 21 | | 26 | | | <u>59-3420725</u> | | | Not Applicable | 4 |
| Suite, Apt. #, etc Suite, Apt. #, etc 27 | | | · · | | 5. Certifcate of Status Desired | | | Additional Required | |
| | | City & State | | | 6. Election Campaign Financing | П | \$5.0 | 0 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | <u> </u> | Adde | d to Fees | |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | |
| | 9. Name and Address of Current | | ~ | | 10. Name and Address of New R | egistered A | Agent | | |
| _ | | <u> </u> | 8 | 1 Name | | - | | | |
| CELI | o, albert d esq. | | | 0 04 | - CO C Pay Number is Not Asserts | blo) | | <u> </u> | - |
| 976 1 | Brevard avenue | | 8: | Street Add | ress (P.O. Box Number is Not Accepta | MC | કુંહ [ે] 'ફેર્ને | | 1 |
| ROCKLEDGE FL 32955 | | | 8 | 3 | | | · · · · · | | 1 |
| • , | 4 | Andrew John | 8 |], | | FL | 1 | p Code | |
| affina ar re | to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati | N FIORDS SUCH CHARGE WAS ALL | morizea o | v me corooran | poration submits this statement for the on's board of directors. I hereby accep | purpose of the appoir | changing itment as | its registered registered | |
| SIGNATURE | | MOTE: F | Decistered An | ant eignatura roquir | ed when reinstating) | DATE | | | ١, |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | ent signature requir | ADDITIONS/CHANGES TO OF | | D DIREC | TORS IN 12 | 7 8 |
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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.