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Apr 20, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025190

1. Corporation Name

Principal Place of Business

JET LIFT INTERNATIONAL, INC.

100 JETT AIRE COURT 100 JETT AIRE COURT STE 3 STE 3 SANFORD FL 32773 SANFORD FL 32773 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/27/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26 26					59-3447157	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
27					5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Country Zip Cou		,	8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax.		
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	Agent	
· · · · · · · · · · · · · · · · · · ·	5. Hullio alla Platicos el Calloni	rogioto-re-rigeria	81	Name			
LEE, RANDALL J							
100 JETT AIRE COURT			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
STE 3			83		<u> </u>		
SANFORD FL 32773			03		•		
ייותט	TOND TE 32113		84	City		85 Zip	Code
						<u>- </u>	
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							
O/O/W///O/IE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE		•	Change	☐ Addition
NAME	lee, randall j		1.2 NAME				
STREET ADDRESS	144 TERIWOOD CT		1.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP	FERN PARK FL 32730		1.4 CITY-5	T- ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	LEE, RICHARD		2.2 NAME				
STREET ADDRESS	395 TAYLOR BLVD, SUITE 100			T ADDRESS			
\	PLEASANT HILL CA 94523		2. 4 CITY-	Ι.			1
CITY-ST-ZIP	D	□ DELETÉ	3.1 TITLE	51-ZIP		☐ Change	☐ Addition
TITLE	T	C DECETE		_	and the second	. :,	_
NAME	LEE, MARIE L		3.2 NAME				Í
STREET ADDRESS	144 TERIWOOD CT			TADORESS			
CITY-ST-ZIP	FERN PARK FL 32730		3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			Change	. L. Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	: Addition
NAME			5.2 NAME	ļ			ł
STREET ADDRESS	•		5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	1)
				T ADDRESS)
STREET ADDRESS			6.4 CITY-5				
CITY-ST-ZiP	1		0.4 CH11-3) 1 - 4JF			

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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZiP