

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000026565

1. Corporation Name

JET EXE	CUTIVE TRANSPORT CHA	rter,	INC,									
Principal Place	of Business	Ma	iling Address			•	-	A HEALT COURT RETAIL ONLY I			IIBI BHII IBBI	
5500 N.W. 21ST TERRACE 5500 N.W. 21ST TERRACE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309							DO NOT WRITE IN THIS SPACE					
							3. Date Incorpora					
							03/25/1997				-	
2. Principal Pl	ace of Business	2a.	Mailing Address				4, FEI Number		<u> </u>	App	lied For	
21	000 01 200111000	26					65-074861	6	<u> </u>		Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of S			75 Ac	dditional quired	
City & State	a	21	City & State				6. Election Camp	naign Financing	\$5	00 4	May Be	
23	•	28	•				Trust Fund Co	· · · · · ·			Fees	
Zip	Country		Zip	Cou	ntry	1	8. This corporation	on owes the curren	t year Intangible		1	
24	25	29		30			Personal Prop		Yes	<u> </u>	□No	
	9. Name and Address of Curre	nt Regist	ered Agent				10. Name and Ad	idress of New Reg	gistered Agent			
511/6	AL ME DELIE				81	Name						
DIXON, W. PHILIP 5500 N.W. 21ST TERRACE					82	Street Addre	ddress (P.O. Box Number is Not Acceptable)					
FT. L	AUDERDALE FL 33309				83							
					84	City	FL 85 Zip Code					
office or re agent. I as	to the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Floridations of,	a. Such change was a Section 607.0505, Flo	uthorized irida Statı	i by i utes.	the corporatio	n's board of directors	s. I hereby accept t	the appointment	as reg	istered	
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CH	ANGES TO OFFIC	CERS AND DIRE	CTO	RS IN 12	
TITLE	D		☐ DELETE	1.1 TIT	ΠE				□ Ch	ange	☐ Addition }	
NAME	DIXON, W. PHILIP			1.2 NA	₩E						}	
STREET ADDRESS	5500 N.W. 21ST TERRACE			1.3 ST	REET	T ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			1.4 CI	TY-ST	T-ZIP						
TITLE			☐ DELETE	2.1 TI	īΕ		+		. 🗆 Ch	ange	☐ Addition	
NAME				2.2 NA	₩E		دمة د حمر جيد ۾ د				,	
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CITY-ST-ZIP				2. 4 C	TY-S	ST-ZIP						
TITLE			DELETE	3.1 TIT	TLE				Chi	ange	☐ Addition	
NAME			•	3 2 NA	₩E							
STREET ADDRESS				3.3 ST	REET	ADDRESS						
CITY-ST-ZIP				3.4. CI	ITY-S	ST-ZIP						
TITLE			☐ DELETE	4.1 TII	TLE				☐ Ch	ange	☐ Addition	
NAME.				4. 2 N	AME						ļ	
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 CI	TY-ST	T- ZIP	14.77					
TITLE			☐ DELETE	5.1 TI	TLE		•		; Ch	ange	☐ Addition }	
NAME				5.2 NA	WE	ļ						
STREET ADDRESS				5.3 ST	REET	TADORESS					. [	
CITY-ST-ZIP				5.4 CI		T- ZIP			·			
TITLE .			☐ DELETE	6.1 TI	TLE				☐ Ch	ange	☐ Addition	

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 suppliemental aproal 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #

Date

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90234 029 \*\*\*150.00