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# **P97000039990** 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

JETT, MICHAEL L

675 NE 71ST STREET **MIAMI FL 33138**

JETT AUTOMATION SERVICES, INC.

Principal Place of Busin
675 NE 71ST STREET MIAMI FL 33138

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

675 NE 71ST STREET MIAM! FL 33138

2a. Mailing Address

City & State

Suite, Apt, #, etc.

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28 Zip

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May 06, 1999 8:00 am Secretary of State

05-06-1999 90281 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 05/01/1997		
4. FEI Number	 Applied For	
65-0423629	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Election Campaign Financing	\$5.00 May Be	

8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent

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

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.

Country

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SIGNATURE	re familial with, and accept the obligations of, Section 607.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requi			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD. D	ELETE	1.1 TITLE		Change	Addition
NAME	JETT, MICHAEL L		1.2 NAME			
STREET ADDRESS	675 NE 71ST STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP			
TITLE		ELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			•
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	D	ELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		ELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		ELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		ELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-2*P	· • • • • • • • • • • • • • • • • • • •		6.4 CITY-ST-ZIP			

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

SIGNATURE: