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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name SCOJAC AIR, INC.

Principal Place of Business

DOCUMENT # P97000055734

Mailing Address

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90085 035 ***150.00



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					3. Date Incorporated or Qualifed		
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Suite	¦Apt. #	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	•	Additional
22			27		3. 3. 3. 3. 3. 3. 3. 3.	Fee R	equired
City	State	e P	City & State	b /	6. Election Campaign Financing	\$5.00	May Be
23 ///	114	MI FL	28 /// AMI	1° L	Trust Fund Contribution		to Fees
7in	1_	Country -	Zip	Country	8. This corporation owes the current year	Intangible	
	n i	33186 🚍 ~17.'S	29 33186 30	¬ • •	Personal Property Tax.	Yes	ØNo
24		25 W.X		43	10. Name and Address of New Register		
	:	9. Name and Address of Current	Registered Agent	81 Name	to. Name and Address of New Rogister	ou Agent	
	IONE	EQ OTEVEN I	-	o i Name			
		ES, STEVEN L		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
		NE 2ND AVE., STE. 216		-	, , , , , , , , , , , , , , , , , , , ,		
I	MIAM	AII SHORES FL 33138		83			
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	ļ			84 City		85 Zip	Code
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11. Purs	uant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	proporation submits this statement for the purpose	of changing its	s registered
office	e or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	r Flonda, Such change was autr	iorized by the corpora a Statutes	ation's board of directors. I hereby accept the ap	pointinent as it	eyistered [
		ili latilillar willi, and accept the obligation					
agon	Tail	• •	31,5 61, 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
SIGNATI	¦ URE		<u></u>		uirod when rainetating)		
SIGNATI	¦ URE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature req		AND DIRECTO	DPS IN 12
SIGNATI	¦ URE	OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
SIGNATI	¦ URE	OFFICERS AND	and title if applicable. (NOTE: Re	ngistered Agent signature req	,	AND DIRECTO	ORS IN 12
SIGNATI	¦ URE	OFFICERS AND DP BUELL, SCOTT T	and title if applicable. (NOTE: Re	egistered Agent signature req	,		
SIGNATU 12.	URE	OFFICERS AND	and title if applicable. (NOTE: Re	ngistered Agent signature req	,		
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SIGNATU 12. TITLE NAME STREET ADD CITY-ST-ZIF	DRESS	OFFICERS AND DP BUELL, SCOTT T 15380 SW 151 TERR. MIAMI FL 33196	and title if applicable. (NOTE: Re	ngistered Agent signature req 13. 1.1 TITLE 1.2 NAME	,		
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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 changes or or an anachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)