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 # P98000043836

BLUESKY JET ENTERPRISES, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90050 011 ***150.00



Principal Place of Business Mailing Address					2 (82)/391 (ID (610) (914) 6912 0851 9815 8815 81008 (110) (8183 (1116 617) 1883	
2441 BELLEVUE AVE 2441 BELLEVUE AVE						
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114						THE WEST WITTEN THE OPAGE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
					-	05/13/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 3513377 Applied For Not Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						Not Applicable \$8.75 Additional
						5. Certificate of Status Desired Fee Required
22 City & Stat	22				_	6. Election Campaign Financing 55.00 May Be
	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip Cou				This corporation owes the current year Intangible
24	25 29 30			,		Personal Property Tax.
241	9. Name and Address of Currer		1		_	10. Name and Address of New Registered Agent
				81	Name	
LOGUIDICE, JOSEPH A				02	Chan at Andalas	ess (P.O. Box Number is Not Acceptable)
2441 BELLEVUE AVE				82	Street Addre	ess (F.O. Box Number is Not Acceptable)
DAY	TONA BEACH FL 32114			83	_	
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050)2 and 607.1508. Florida Statute	s, the al	oove-	named corpo	pration 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.						
agent. i a	im familiar with, and accept the obliga	itions of, Section 607.0505, Fior	ua Statt	nes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent	signature required	1 when reinstating) DATE
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME :	FISHER, BRYAN		1.2 NAME			
STREET ADORESS	ALLE DELL'ELLE LL'ELLE			REETA	ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CFTY-S		ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	PERRINE, JACK		2.2 NAME			
STREET ADDRESS	ALL BELLEVILE WENTER		2.3 57	REET /	ADDRESS	
CITY-ST-ZIP			2. 4 Ci	TY-ST	-ZIP	
TITLE			3.1 TIT			☐ Change ☐ Addition
NAME	JOHNSON, ANN		3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET A	ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114			TY-ST		
TITLE	,	☐ DELETE	4.1 TIT			☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS	{		4.3 ST	REET /	ADDRESS	}
CITY-ST-ZIP				TY- \$T-		
TITLE		☐ ĐELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS	Ţ		5.3 ST	REET A	ADORESS	
CITY-ST-ZIP			5.4 CI	TY-ST-	-ZIP	
TITLE		☐ DELETE	6.1 TIT	ſΈ		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS	Ţ		6.3 ST	REET	ADORESS	
CITY ST. 71D			6.4 CF	TY-ST-	-ZIP	

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.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR