


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1999</b>   |  |  |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # P98000044861</b>   |  |   |  |   |  |
| 1. Corporation Name<br><b>JAGS-AIR, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>C/O STEVEN R. MATZKIN<br/>1343 MAIN ST. 7TH FL<br/>SARASOTA FL 34236</b> |  |   | Mailing Address<br><b>C/O STEVEN R. MATZKIN<br/>1343 MAIN ST. 7TH FL<br/>SARASOTA FL 34236</b> |   |  |

05-03-1999 03:00:00 \*\*\*150.00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

|  |                     |                     |                     |   |                                |
|--|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business   |                     | 2a. Mailing Address |                     | 3. Date incorporated or Qualified<br><b>05/15/1998</b>  |                                |
| 21   | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>05-0835932</b>  | Applied For<br>Not Applicable  |
| 22   | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23   | Zip                 | 28                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 24   | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 9. Name and Address of Current Registered Agent<br><b>MATZKIN, STEVEN R<br/>1343 MAIN ST. 7TH FL<br/>SARASOTA FL 34236</b> |                     |                     |                     | 10. Name and Address of New Registered Agent  |                                |
|  |                     |                     |                     | 81 Name   |                                |
|  |                     |                     |                     | 82 Street Address (P.O. Box Number is Not Acceptable)   |                                |
|  |                     |                     |                     | 83  |                                |
|  |                     |                     |                     | 84 City   |                                |
|  |                     |                     |                     | FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  |   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-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, which is not an employee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

AD

**Jags Air, Inc.**

October 13, 1999

Division of Corporations  
Annual Report Division  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am in receipt of an application for reinstatement for Jags Air, Inc. This annual report was sent in on April 29, 1999, copy attached, and the check has been cashed. Please recheck your records and correct. If you have any further questions please contact Tracy Crawford at 941-955-3150.

Thank you

A handwritten signature in black ink, appearing to read 'Steven R. Matzkin', with a stylized flourish at the end.

Steven R. Matzkin