

09211999-90015-032-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

199.

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000062831					
1. Corporation Name JETEX ENTERPRISES, INC.					

Principal Place of Business 308 BELLE CLAIRE PLACE TEMPLE TERRACE FL 33617	Mailing Address POST OFFICE BOX 290116 TAMPA FL 33687-0116
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FILED

99 OCT 14 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified -- 07/16/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3537845	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property.	☐ Yes ☒ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				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 607.1506, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	PAUL, JEAN C		1.1 TITLE	☐ Change	☐ Addition
STREET ADDRESS	308 BELLE CLAIRE PLACE		1.2 NAME		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		1.3 STREET ADDRESS		
TITLE	STD	☐ DELETE	1.4 CITY-ST-ZIP		
NAME	PAUL, DEBORAH L		2.1 TITLE	☐ Change	☐ Addition
STREET ADDRESS	308 BELLE CLAIRE PLACE		2.2 NAME		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		2.3 STREET ADDRESS		
TITLE		☐ DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE	☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	☐ Change	☐ Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	☐ Change	☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	☐ Change	☐ Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

Date

813-971-2425

Daytime Phone #

CR02034 (5/99)