


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90151 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000085474 1. Corporation Name JETSET CHARTER, INC.			
Principal Place of Business 606 DYER BLVD KISSIMMEE FL 34741		Mailing Address 606 DYER BLVD KISSIMMEE FL 34741	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 622523 P.O. Box 27 ORLANDO FL 32862 28 USA 29 Zip Country	
3. Date Incorporated or Qualified 10/02/1998		4. FEI Number Applied For	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BONEY, RICHARD 6249 BENT PINE DR, #923-A ORLANDO FL 32822		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 <i>[Signature]</i> Signature, typed or printed name of registered agent and date if applicable.		DATE 4/29/99 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME PANARO, GIACOMO STREET ADDRESS 3201 BLUE HERON DR, APT B CITY-ST-ZIP KISSIMMEE FL 34741		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME GIACOMO PANARO 1.3 STREET ADDRESS 3201 BLUE HERON DR. 1.4 CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE D <input checked="" type="checkbox"/> DELETE NAME BONEY, RICH STREET ADDRESS 6249 BENT PINE DR, #923-A CITY-ST-ZIP ORLANDO FL 32862		2.1 TITLE VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME BONEY RICH 2.3 STREET ADDRESS 6249 BENT PINE DR 2.4 CITY-ST-ZIP ORLANDO, FL 32862	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 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, with all other like empowered.

SIGNATURE:

[Signature] **AS PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99 **408 812 1374**
 Date Daytime Phone #

CR2E034 (11/98)