


**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

3. Date Incorporated or Qualified  
 10/02/1998

4. FEI Number  
 Applied For  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 622623 P.O. Box  
 27 ORLANDO FLORIDA  
 28 32862 USA  
 29 Zip Country

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 *Richard Boney* DATE 4/29/99  
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANARO, GIACOMO	1.2 NAME	GIACOMO PANARO
STREET ADDRESS	3201 BLUE HERON DR, APT B	1.3 STREET ADDRESS	3201 B BLVIE HERON DR
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONEY, RICH	2.2 NAME	BONEY RICH
STREET ADDRESS	6249 BENT PINE DR, #923-A	2.3 STREET ADDRESS	6249 BENT PINE DR
CITY-ST-ZIP	ORLANDO FL 32862	2.4 CITY-ST-ZIP	ORLANDO, FL 32862
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, with all other like empowered.

SIGNATURE: *Giuseppe Panaro* AS PRESIDENT DATE 04/29/99 407 812 1374  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)