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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

S95859

JET EXCHANGE, INC.

Mailing Address

FILED Feb 20 1998 8:00am Secretary of State



STURMS CL. SIGNAL CL.		17593 ROCKY PINES ROAD JUPITER FL 33478		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					11/21/1991			
2. Principal Pl	ace of Business 3 Rocky Pine Rd	2a. Mailing Address 26			4. FEI Number 65-0296747		<u> </u>	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23 300		28	1		Trust Fund Contribution			to Fees
zip 24 3347	Country U.S.	Zip 29	Countr 30	У	8. This corporation owes or has pai Personal Property Tax due June	30.	Yes [tangible No
	9. Name and Address of Curren		10. Name and Address of New Registered Agent					
ADAMS, LANE				Name				
17593 ROCKY PINES ROAD JUPITER FL 33478				82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			64	'		FL		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 agri			gent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	ADAMS, LANE		1.2 NAME			_	_ Unange	L Addition
STREET ADDRESS	17593 ROCKY PINES ROAD			T ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CtTY-					
TITLE		☐ DELE te	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2,3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			_	
TITLE		☐ DELETE	3.1 TITLE			L] Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Т	Change	Addition
NAME		בן מנגנינ	4.1 ITEE] CHANGE	L) Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CiTY-					
TITLE		DELETE	5.1 TITLE	31-211			Change	Addition
NAME		-	5.2 NAME			•	- •	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				ľ

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.