FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

S99593

(3)

DOCUMENT #
1. Corporation Name SUNTREE JET SERVICES, INC.



District Di	/ F2				<u> </u>	
Principal Place	of Business	Mailing Address				
774 GLENGARRY DRIVE 774 GLENGARRY DRIVE MELBOURNE FL 32940 MELBOURNE FL 32940 US US						
		03			3. Date Incorporated or Qualified 12/09/1991	3a. Date of Last Report 07/13/1995
2. Principal Pla 21		2a. Mailing Address 26			4. FEI Number 59-3095307	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	٦ ' '		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
City & State		Orty & State	ty & Stale		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	<i>-</i>
	9. Name and Address of Curren	l Registered Agent			10. Name and Address of New Re	egistered Agent
				81 Name		
	IBERG, BRUCE			82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
	ENGARRY DRIVE				<u> </u>	,
MELBO	URNE FL 32940			83		
				84 City		FL 85 Zip Code
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric r, and accept the obligations of, Secti	ia. Such change was authoriz	zed by the c	ve named corpo orporation's boa	ration submits this statement for the purp ird of directors. I hereby accept the appoi	oce of changing its registered office
SIGNATURE	ligitative i typed or printed name of registered agents	and the if accelerable that	TIF Floors eren	Agent signature recover	on a Peru repret stand	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1 17	TLE		Change Addition
NAME	NIERENBERG, BRUCE I.		1.2 NA	ME		
STREET ADDRESS	774 GLENGARRY DRIVE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	Melbourne fl			TY-ST-ZIP		
TITLE				TLE		☐ Change ☐ Addition
NAME			2.2 NA	MF		
STREET ADDRESS			2351	REET ADDRESS		
CITY-ST-ZIP			2.4 CI	Y-S1-ZIP		
TITLE		☐ DELETE	3 1 TI	TLE		☐ Change ☐ Addition
NAME			3 2 NA	ME		
STREET ADDRESS			3.3 51	REET ADDRESS		
CITY-ST-ZIP			3 4 01	Y-SI-ZIF		
TITLE		☐ DELETE	4 1 1	TLE		Change Addition
NAME			42 NA	ME		
STREET ADDRESS				REET ADORESS		
CITY-ST-ZIP		fil priete		Y-ST-ZIP		
TITLE			5 1 Ti			Change Addition
NAME			5 2 NA			İ
STREET ADDRESS				REET ADDRESS		
CITY-SI-7IP TITLE		DELETE		Y-ST-ZIP		Character Character
NAME			6 1 TI			Change Addition
		1	6.2 NA			
STREET ADDRESS		, 1		REFT ADDRESS		
14 I do bereby	and to the father intercent a description		6.4 C/1	Y-ST-ZIP		

I do nereby certify that the information supplied with the filing is voluntarily family ed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental arrival 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 of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 of handed, or on an attactment with as address.

SIGNATURE;

SIGNATION TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR