

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J21441 (7)

1. Corporation Name
AIR-SEA TRAVEL, INC.



Principal Place of Business 1714 WEST 23RD STREET, SUITE H PANAMA CITY FL 32405	Mailing Address 1714 WEST 23RD STREET, SUITE H PANAMA CITY FL 32405
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/25/1986 4. FEI Number 59-2718023 Applied For <input type="checkbox"/> Not Applicable 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 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LINCOLN, JOHN D. III 2331 FRANKFORD AVE PANAMA CITY FL 32405	10. Name and Address of New Registered Agent 81 Name Marylee Lincoln 82 Street Address (P.O. Box Number is Not Acceptable) 83 1714 West 23rd St. 84 City Panama City FL 85 Zip Code 32405
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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 *Marylee Lincoln* **Marylee Lincoln** **2/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LINCOLN, JOHN III	
STREET ADDRESS	1714 WEST 23RD ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINCOLN, MARYLEE	
STREET ADDRESS	1714 WEST 23RD ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OAKES, STEPHANE L.	
STREET ADDRESS	1714 WEST 23RD ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Oakes, Stephanie L.	
1.3 STREET ADDRESS	1714 West 23rd St.	
1.4 CITY-ST-ZIP	Panama City, FL 32405	
2.1 TITLE	PD/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lincoln, Marylee	
2.3 STREET ADDRESS	1714 West 23rd St.	
2.4 CITY-ST-ZIP	Panama City, FL 32405	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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.

SIGNATURE: **Marylee Lincoln** *Marylee Lincoln* **2/25/98** **769-9634**

CFR2E034 (10/97)