

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:10

DOCUMENT # **L54348** (2)

1. Corporation Name
AIR SEA TRAVEL OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
1539 PARENTAL HOME ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/27/1990** 3a. Date of Last Report **06/20/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 9570 Regency Square Blvd		2a 9570 Regency Square Blvd		4 59-2999152		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Jacksonville, FL		28 Jacksonville, FL					
Zip		Country		29		30	
24 32225		25 FLORIDA		29 32225		30 FLORIDA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANTHONY, MALCOLM ESQ 9570 REGENCY SQUARE BLVD JACKSONVILLE FL 32225				81 Name Connie Cenac			
				82 Street Address (P.O. Box Number is Not Acceptable) 9570 Regency Square Blvd.			
				83			
				84 City Jacksonville FL 85 Zip Code 32225			

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: *Connie Cenac* DATE: _____
Signature (Typed or printed name of registered agent and the filer acceptable) (NOTE: Registered Agent signature required when consolidating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENAC, CONNIE	1.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32225	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, CHARLES	2.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32225	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENAC, DWIGHT	3.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32225	3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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 officer 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 as an attachment with an address.

SIGNATURE: *Connie Cenac* _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR