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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT #

(2)

AIR SEA TRAVEL OF JACKSONVILLE, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T HERIOGEN OUR DINN GLOBOR HINK BIL	BAN TANK ANDRE ANDRE BIDTE ANDRE ANDRE ANDRE SAND	
0570 REGENCY SQUARE BLVD 9570 REGENCY SQUARE B							
JACKSONVIL	LE FL 32225		JACKSONVILLE FL 32225				
US		US	US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualific 02/27/1990	ed	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
26					59-2999152	Not Applicable	
SURP, Apt. #, etc.		Suite, Apt. #, etc.	· ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City a State City a Sta		City & Stato	ato		6. Election Campaign Financing	g \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation owes or has	s paid the current year Intangible	
24	25	29	30		Personal Property Tax due J		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Agent	
CONNIE CENAC				Name	RAYMOND S. LAR	Σ Δ	
	70 RE GENCY SQUARE BLVD.		1	Street A	ddress (P.O. Box Number is Not Accept		
JACK S ONVILLE FL 32225							
				13	9570 REGENCY SO	A. BLUD.	
				City	JACKSONYILLE. I	FL 85 Zip Code 32235	
11. Pursuant to the provisions of Sections (07.050) and (07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Or both, in the Statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am families with and accept the optigations of, Section 607.0505, Florida Statutes.							
agent. Lam familiar with and accord the chingations of, Section 607.0505, Florida Statutes.							
SIGNATURE	(MM) Ku-				S. LARA	<i>પ</i>)હવાવક	
	Signature, typed or printed name of gistered ag		TF: Registered	Agent signature r	equired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12	
TITLE	PD CONTE	☐ DELETE	1.\$ TITL	1		Change Addition	
NAME	CENAC, CONNIE		. 1.2 NAM	_			
STREET ADDRESS	9570 REGENCY SQUARE B	EVU	1.3 STR	EET ADDRESS		ļ	
CITY-ST-ZIP	JACKSONVILLE FL			-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITL			Change Addition	
NAME	GUERRA, CHARLES		2.2 NAN	IE			
STREET ADDRESS	9570 REGENCY SQUARE B	LVD	2.3 STR	EET ADDRESS			
CITY-ST-ZNP	JACKSONVILLE FL	T = = ===		Y-S1-ZIP			
TITLE	STD	☐ DELETE	3.1 TITL	E		L Change Addition	
NAME	CENAC, DWIGHT	4 1.4%	3.2 NAN	IE			
STREET ADDRESS	9570 REGENCY SQUARE B	EVU	3.3 STR	EET ADDRESS		Į.	
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP			
TITLE	0	LIII DELETE	4.1 TITL			Change Addition	
NAME	GUERRA, ESTELLA		4. 2 NA				
STREET ADDRESS	9570 REGENCY SQUARE B	LVD.	4.3 STR	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			-S1-ZIP			
TITLE		☐ DELÊTE	5.1 TITL	1		☐ Change ☐ Addition	
NAME			5.2 NAN	IE			
STREET ADDRESS			5.3 STA	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition	
NAME			6.2 NAM	ie j)	
STREET ADDRESS			6.3 STR	ET ADDRESS		l	
CITY-ST-ZIP			6.4 CITY	-St-ZIP			

Thereby 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.