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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033746 (7)

AIR SEA GREETINGS, INC.

Principal Place of Business Mailing Address 478 HIGHWAY A1A P.O. BXO 1584 SUITE 38 CAPE CANAVERAL FL 3292 SATELLITE BEACH FL 32937 US			220-1584	· .				
					3. Date Incorporated or Qualified 05/10/1993		te of Last R 9/1996	leport
2. Principal F	Place of Business	2a. Mailing Address 26	***************************************		4. FEI Number 59-3187324	- 		oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le	City & State		Election Campaign Financing Trust Fund Contribution	——————————————————————————————————————	\$5.00 May Be Added to Fees		
7ip Country 24 25				<i>i</i>	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No			
	9. Name and Address of Current		1901		10. Name and Address of New Re			
LAR	D, SHARON		81	Name				
476 HIGHWAY A1A SUITE 3B			82	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
	ELLITE BEACH FL 32937		83			· .		
			84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
SIGNATURE	Sognative, typical or printed name of registered agent	and title if applicable (NO	TE Registered Ag		rporation submits this statement for the pation's board of directors. I hereby acception in the patient of the patients of the	DATE		
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFIC	ERS AND		
3016	LARD, SHARON	_		ļ			Change	Addition
NAME CONTRACTOR	476 HIGHWAY A1A, SUITE 3B		1.2 NAME					
STREET ADDRESS	SATELLITE BEACH FL 32937		1.3 STREET	ľ				
CITY ST-ZIP	p	DELETE	1.4 CITY-5	ST-ZIP			Charac	1 1 4 4 5 5
NAME	ROSE, HEATHER	L_ DULCIE	2.1 TITLE 2.2 NAME				Change	Addition
STREET ADDRESS	476 HIGHWAY A1A, SUITE 3B		2.3 STREET	ADODECC				
CHTY+ST+ZIP	SATELLITE BEACH FL 32937		2.3 SINCE					
THLE		DELETE	3.1 TITLE	31-21			Change	Addition
NAME			3.2 NAME					
STHEET ADDRESS			3.3 STREET	ADDRESS				
CCY-SF-7iP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-S1-7-P			4.4 CITY - S	ST-ZIP				
1-1L f			51 TITLE				Change	Addition
NAME			52 NAME	1:				
STREET ADDRESS			5.3 STREET	ADDRESS				
COLY - S1 - 20F			5.4 CITY - S	ST-ZIP				
TITLE		DELETE	6.1 TITLE			1	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

14. I do 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 eath; 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. 407-

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

May 12 1997 8:00am

Secretary of State