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

PROFIT CORPORATION ANNUAL REPORT

1998



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 Ad	ddress							
476 HIGHWAY A1A SUITE 3B SATELLITE BEACH FL 32937			P.O. BXO 1584 CAPE CANAVERAL FL 32920 US				DO NOT WRITE	IN THIS S	SPACE	
		•					3. Date Incorporated or Qualified			
							05/10/1993			
	ace of Business	2a. Mailing) Address				4. FEI Number		-	Applied For
Suite, Apt.	H ato	26 Suite	Apt. #, etc.				59-3187324			Not Applicable
22		27	– 1				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)	28 City 8	State				Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees
Zip	Country	Zip		Count	try		8. This corporation owes or has pa	id the cur		
24	4 25			30			Personal Property Tax due June	30.	Yes	⊠ No
	9. Name and Address of Cu	rent Registered A	gent				10. Name and Address of New Re	gistered .	Agent	
LA	RD, SHARON		,	8	H I	Name				
470	B HIGHWAY A1A ITTE 3B		82 St		Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
	T ELL ITE BEACH FL 32937			8	13					
				8	4 (City			85 Zi	p Code
					\perp			FL	. '	·
office or re	o the provisions of Sections 607. agi <mark>stere</mark> d agent, or both, in the S in fami liar with, and accept the ol	tate of Florida. Such	i chan ge was a	authorized (by th	named corpo he corporatio	oration submits this statement for the pon's board of directors. I hereby accept	urpose of the app	changing ointment a	j its registered as registered
SIGNATURE	Signature, typed or printed name of registered	social and life if applicab	In (NOT	F Registered A	Ament :	signature required	d when reinstating)	DATE		[
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	V		DELETE	1.1 TITLE	<u> </u>				Change	
NAME	LARD, SHARON			1.2 NAM	E					
STREET ADDRESS	476 HIGHWAY A1A, SUIT	E 3B		1.3 STRE	ET AD	ODRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32			1.4 CITY	· \$1-	ZIP				
TITLE	- P		DELETE	2.1 TITLE	E				Change	e 🔲 Addition
NAME	ROSE, HEATHER			2.2 NAM	IE.		^ 4			
STREET ADDRESS	476 HIGHWAY A1A, SUIT	E 3B		2.3 STRE	E1 AD	ODRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32	937		2. 4 CITY	r-\$1-	ZIP				
TITLE			DELETE	3.1 TITLE					Change	e 🔲 Addition
NAME				3 2 NAM	E					
STREET ADDRESS				3.3 STRE	ET AD	DDRESS				!
CITY-ST-ZIP				3.4. CITY	/-ST-	7IP				
TITLE			DELETE	4 1 TITLE	+				Change	e Addition
NAME				4 2 NAM	A E	ļ				
STREET ADDRESS				43 STRE	E1 AD	DDRESS				
CITY-ST-ZIP				4.4 City	- ST - I	ZIP				
TITLE			DELETE	5.1 TITLE	E				Change	e 🔲 Addition
NAME				5.2 NAMI	E	1	·			1
STREET ADDRESS	-			5.3 STRE	ET AD	DDRESS				
CITY-\$1-2IP				5.4 CITY	- <u>\$1-</u> 2	ZIP				
TITLE			DELETE	6 1 TITLE					☐ Change	e 🔲 Addition
NAME				6.2 NAM	₽	1				
STREET ADDRESS				63 STRE	ET AD	DDRESS				
CITY_\$1_7IP				6 A City						1

14. Thereby certify that the information supplied with this filling 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: St. Co. Co. C. XO. V.

Sharon Lard

04-27-98 401-783-0451

FILED

May 06 1998 8:00am

Secretary of State

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