


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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90020 030 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000033746					
1. Corporation Name AIR SEA GREETINGS, INC.					
Principal Place of Business 476 HIGHWAY A1A SUITE 3B SATELLITE BEACH FL 32937			Mailing Address P.O. BOX 1584 CAPE CANAVERAL FL 32920 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1993	
21		26		4. FEI Number 59-3187324	Applied For <input type="checkbox"/> 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	Zip
				30	Country
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LARD, SHARON 476 HIGHWAY A1A SUITE 3B SATELLITE BEACH FL 32937			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			FL		
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 <i>Sharon Lard</i>		SIGNATURE <i>Sharon Lard</i>		DATE 4-30-99	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> DELETE				
NAME	LARD, SHARON				
STREET ADDRESS	476 HIGHWAY A1A, SUITE 3B				
CITY-ST-ZIP	SATELLITE BEACH FL 32937				
TITLE	<input type="checkbox"/> DELETE				
NAME	ROSE, HEATHER				
STREET ADDRESS	476 HIGHWAY A1A, SUITE 3B				
CITY-ST-ZIP	SATELLITE BEACH FL 32937				
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					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

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, with all other like empowered.

SIGNATURE: *Sharon Lard* *Sharon Lard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

407-783-0451

Daytime Phone #

CR2E034 (11/98)

10966