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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

C/O ACCOUNTING & BUSINESS CONSLTS.

DOCUMENT # P9400006437

1. Corporation Name

Principal Place of Business

SIGNATURE

AIR & SEA ENTERPRISES, INC.

1323 S. E. 17 STREET #211 FL. LAUDERDALE FL 33316 US - 2. Principal Place of Business C/O ACCOUNTING & BUSINESS CONSLTS. 790 E. BROWARD BLVD SUITE 302 FT. LAUDERDALE FL 33301 2a. Mailing Address					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/27/1994 4. FEI Number Applied For			
			e.& Bi	isiness	65-0463432	d	lot Applicable	
21 26 C / O ACCOUNTS Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 17 Rose I					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 23 City & State Lauderdale				-	6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country Zip Court 29 33316 30 II 5				8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent	<u>-</u> i	
	NACON BALL		81	Name				
JOHNSON, PAUL 1323 S.E. 17TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
# 211			83					
,	LAUDERDALE FL 33316		84			FL	Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, Florid	orized by a Statutes	the corporation	oration submits this statement for the purp n's board of directors. I hereby accept the when reinstating)	e appointment as	registered	
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Change		
- NAME	JOHNSON, PAUL		1.2 NAME	· ·				
STREET ADDRESS			1.3 STREE	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-S					
TITLE	TT. BIODENDALE TE 30010	☐ DELETE	2.1 TITLE			☐ Change	Addition	
_NAME		_	2.2 NAME					
		The state of the s	2.3 STREE		متحصيرات بالمبيه الكالمية المتحدر ويتجرب الداء			
STREET ADDRESS	i i		2. 4 CITY-5					
CITY-ST-ZIP TITLE			3.1 TITLE			Change	Addition	
NAME		_	3.2 NAME			•	ļ	
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP	ļ		3.4. CITY-5					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	1		4.2 NAME				Ì	
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME)		5.2 NAME		•			
STREET ADDRESS	}		5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME	1		6.2 NAME				Į	
STREET ADDRESS			I				j	
			6.3 STREE	F ADDRESS			į	

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 changes or on an attachment with an address, with all other like empowered.