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-3 LERNIGOU LIPE LENUL ALBUL BOLLL DORNI ARULL BRULL BIRGO LENOL KLORE (KILLE DIE) 1831

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093134

1. Corporation Name

LONG-SEA, AIR & LAND ENTERPRISES, INC.

Principal Place	of Business	Mailing Address				f (00)(00) (10)Exit at 5() battl ontil mont som	, 18488 (119) 4181)
10501 DENOEU RD BOYNTON BEACH FL 33437 US		10501 DENOEU ROAD BOYNTON BEACH FL 33437 US			. DO NOT WRITE IN THIS	S SPACE		
						Date Incorporated or Qualifed 12/27/1994		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0545899	⊢	Applied For lot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip 30	Coun	itry		This corporation owes the current year in Personal Property Tax.	ntangible □ Yes	INO.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
				81 Nam	е		•	· 1
JENSEN, ROBERT C ★ OCEDICEWATER DR. UNIE 1222			-	82 Stree	at Addre	ess (P.O. Box Number is Not Acceptable)		
	NW 151ST ST, STE 208 II LAKES FL 33014		ŀ	83				
				84 City		FL	_ .	Code
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						when reinstation) DATE		}
	Signature, typed or printed name of registered ago		gistered A	Agent signatu	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12. TITLE	D OFFICERS A	ND DIRECTORS	1.1 TITL		\top	ADDITIONS/CHANGES TO CITICENS A	☐ Change	
NAME	LONG, JAMES L III		1.2 NAN			•		
STREET ADDRESS	10501 DENOEU RD		1.3 STF	REET ADDRES	ss			}
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CIT	Y-ST-ZIP				
TITLE	DP	☐ DELETE	2.1 TIT	E			Change	Addition
NAME	LONG, ELIZABETH P		2.2 NAA	ИE				Í
STREET ADDRESS	10501 DENOEU RD		2.3 STF	REET ADDRES	s	•		ţ
CITY-ST-ZIP	BOYNTON BEACH FL			Y-ST-ZIP		يحسان ماستريهه ال	- <u></u>	Addition
TITLE		☐ DELETE	3.1 TITL				☐ Change	
NAME			3.2 NAA					
STREET ADDRESS				REET ADDRE	iS			
CITY-ST-ZIP		☐ DELETE	3.4. CIT	Y-ST-ZiP			Change	e 🔲 Addition
TITLE			4. 2 NA			1		_
NAME				REET ADORE	,,			
STREET ADDRESS				Y-ST-ZIP	"			•
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITE		+-		☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 STF	REET ADDRE	is			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITE	Æ			☐ Change	Addition
NAME			6.2 NAJ	ΜE	ļ			ł
CTOFFT ADDRESS			63.STE	REET ADDRE	3S.			ļ

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 chapter 607, or on, an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP