

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074492

1. Corporation Name

Sea-Air Limo Service, Inc.

Principal Place of Business

Mailing Address

2223 Pembroke Road
Hollywood, FL 33020

1520 N.E. 28 Drive
Wilton Manors, FL 33334

3. Date Incorporated or Qualified
09-05-96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0695732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Kevin M. Ward

82 Street Address (P.O. Box Number is Not Acceptable)

1520 N.E. 28 Drive

83

84 City

Wilton Manors

FL

85 Zip Code

33334

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:

Kevin M. Ward

President

2/20/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

P

1.2 NAME

Ward, Kevin M.

1.3 STREET ADDRESS

1520 N.E. 28 Drive

1.4 CITY-STATE-ZIP

Wilton Manors, FL 33334

2.1 TITLE

V

2.2 NAME

Barone, Gerard F.

2.3 STREET ADDRESS

5745 Arthur Street

2.4 CITY-STATE-ZIP

Hollywood, FL 33021

3.1 TITLE

T

3.2 NAME

Ward, Christine A.

3.3 STREET ADDRESS

1520 N.E. 28 Drive

3.4 CITY-STATE-ZIP

Wilton Manors, FL 33334

4.1 TITLE

S

4.2 NAME

Barone, Elsie

4.3 STREET ADDRESS

5745 Arthur Street

4.4 CITY-STATE-ZIP

Hollywood, FL 33021

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500002097885

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Kevin M. Ward, President

Kevin M. Ward

02-11-97

(954)927-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)