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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000074492 (5) DOCUMENT #

SEA-AIR LIMO SERVICE, INC. Principal Place of Business Mailing Address 52 WEST OAKLAND PARK BLVD 1520 NE 28 DR WILTON MANORS FL 33334 WILTON MANORS FL 33312 Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt #, etc 22 27 City & State City & State

FILED Feb 02 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1996 4. FEI Number Applied For 65-0695732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζφ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ward. Kevin M 1520 NE 28 DR Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33334 83 84 City Zip Code 85 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 anytemitiar with, and accept the obligations of, Section 607.0505, Florida Statutes. PERIOUNI WARD 2019 SIGNATURE nd tile if applicabl OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BARONE, GERARD F NAME 1.2 NAME **5745 ARTHUR ST** STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ward, kevin M NAME 2.2 NAME 1520 NE 28 DR STREET ADDRESS 2.3 STREET ADDRESS WILTON MANORS FL 33334 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE WARD, CHRISTINE A NAME 3.2 NAME 1520 NE 28 DR STREET ADDRESS 3.3 STREET ADDRESS WILTON MANORS FL 33334 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE BARONE, ELSIE NAME **5745 ARTHUR ST** STREET ADDRESS 4.3 STREET ADDRESS HOLLYWOOD FL 33021 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP TITLE □ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

954)561-3676