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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074492 1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

SEA-AIR LIMO SERVICE, INC.

#147	AND PARK BLVD.	1520 NE 28 UH WILTON MANORS FL 33334			
WILTON MANOS	RS FL 33312			DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
	·			09/05/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0695732	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired .	\$8.75 Additional Fee Required
22		27		·	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 3	0	Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registers	a Agent
WA D	D KEVIN M		o i Name		
WARD, KEVIN M 1520 NE 28 DR			82 Street Address (P.O. Box Number is Not Acceptable)		
	ON MANORS FL 33334				The same of the sa
AAILI	ON MANONS FL 33334		83	· · · · · · · · · · · · · · · · · · ·	
:			84 City	F	85 Zip Code
44 Dureupot	to the provisions of Sections 607 050	22 and 607 1508 Florida Statutes	the above-named	corporation submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was auti	horized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the applications of the companion of the comp	pointment as registered
agentira	m ranning with, and accept the opinga	suoris or, secular oor soos, r iono	a Statutes.	Λ	1 700
J	1/1 has $1/2$		COSTAL AL	WADE PROSIDENT	1115 177
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature	WARP PECS/BCAP required when reinstating) DATE	1/15/77_
J	Signature, typed or printed name of registered age OFFICERS AN			WARD YEES/BONT	AND DIRECTORS IN 12
SIGNATURE		nt and title if applicable. (NOTE: R	egistered Agent signature	required when reinstating) DATE	1/15/77_
SIGNATURE	OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent signature :	required when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent signature : 13. 1.1 TITLE	required when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P WARD, KEVIN M 1520 NE 28 DR	nt and title if applicable. (NOTE: R	egistered Agent signature : 13. 1.1 TITLE 1.2 NAME	required when reinstating) DATE	AND DIRECTORS IN 12
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14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Jan 27, 1999 8:00 am Secretary of State

01-27-1999 90052 036 ***150.00