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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070630

1. Corporation Name

LAND, AIR & SEA ASSET SPECIALIST INC.

		•										ar 1111 12 11 (88 1	
Principal Place of Business Mailing Address									1 (55)105) 112 12127 1011 2011 0011	••••••••••			
13124 FLAMINGO TERR 13124 FLAMINGO TERR													
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 334									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualifed				7
•									08/10/1998				}
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	pplied For	_
21				26					65-0868032		N	lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired [•	Additional	
22				27								Required	
City & State				City & State					6. Election Campaign Financing			May Be	-
23				28					Trust Fund Contribution			to Fees	4
Zip	Country			h ' -			country		8. This corporation owes the current Personal Property Tax.		ngibie □Yes	⊠ No	
24	25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					1	
9. Hattle and Address of Cultent Registered Agent									10.	· · · · · · · · · · · · · · · · · · ·			1
MILLER, BARRY .													
1312	24 FLAMING	io terr					Street	Address (P.O. Box Number is Not Acceptable)					
PAL	M BEACH G	ARDENS FL 33410											1
											Test 7:-	Codo	-
						84	City			FL	85 Zip	Code	
office or re	egistered age	ons of Sections 607.0502 int, or both, in the State o h, and accept the obligati	f Florid	la. Such change wa	as autho	rized by	the coro	corpor oration	ation submits this statement for the pure sound of directors. I hereby accept the	rpose of c ne appoint	hanging its tment as re	s registered egistered	
SIGNATURE										DATE			١.
12.	Signature, typed	or printed name of registered agent OFFICERS AND					Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT				DIRECT	ORS IN 12	- 8
TITLE		OT FIGURE	DIVL	☐ DELETE	E	1.1 TITLE		(0	CEO		Change		₁ ;
NAME	,		•			1.2 NAME		-	- Millac		•		;
STREET ADDRESS						1.3 STREET	ADDRESS	121	of Florings in		_		1 3
CITY-ST-ZIP						1.4 CITY-ST-ZIP			on Beach Gardens, FL	. 33 ^U	110		
TITLE				☐ DELET	_	2.1 TITLE		C	- CEA .	_	☐ Change	Addition	٦ ،
NAME !						2.2 NAME		Sa	on M. Hayes Coachight Drive				1
STREET ADORESS						2.3 STREET	ADDRESS	801	Coachiept Drive				
CITY-ST-ZIP					ı	2. 4 CITY-S	T-ZIP	Fax	n Park, FL 32730				_
TITLE: * *			<u> </u>	DELETH	5 	3.1-TITLE -						Addition	1
NAME						3.2 NAME							
STREET ADDRESS						3.3 STREET	ADDRESS						-
CITY-ST-ZIP						3.4. CITY-S	T-ZIP						4
πιε		·		DELETI		4.1 TITLE					☐ Change	Addition	'
NAME ;						4. 2 NAME							
STREET ADDRESS						4.3 STREET	ADDRESS						
CITY-ST-ZIP						4.4 CITY-S	T-ZIP						4
TITLE				☐ DELETE	E	5.1 TITLE		I	•		Change	□ Addition	- [

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 changed, or enter a 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 a Block 12 or Block 13 if changed, or enter a state 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 a Block 12 or Block 13 if changed, or enter a state of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ Change

___ Addition