

4-2-98 B4071 C

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

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Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S01111 (1)**  
1. Corporation Name  
**AIR & SEA RECOVERY, INC.**

Principal Place of Business 4311 CRYSTAL LAKE DR. #211 POMPANO BCH FL 33064 US	Mailing Address P O BOX 4551 DEERFIELD BCH FL 33442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4311 Crystal Lake Dr. Suite, Apt. #, etc. 22 #216 City & State 23 Pompano Beach, FL Zip Country 24 33064 25 USA	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 09/20/1990	4. FEI Number 65-0219132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**SMALLEY, STEVE**  
4311 CRYSTAL LAKE DR. #211  
SUITE 1050  
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent  
B1 Name **Smalley, Steve**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
4311 Crystal Lake Dr., #216  
B3  
B4 City **Pompano Beach** FL B5 Zip Code **33064**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	SMALLEY, STEVEN	1.2 NAME	Smalley, Steven
STREET ADDRESS	4311 CRYSTAL LAKE DR, #211	1.3 STREET ADDRESS	4311 Crystal Lake Dr., #216
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change  Addition

Change  Addition

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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 on an attachment with an address.

SIGNATURE: Steve Smalley *Steve Smalley*

3/4/98 954-941-2635

CR2E034 (10/97)