

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morharty
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000005464 (2)**

1. Corporation Name
FRONTIER FINANCIAL CORP.



Principal Place of Business

1499 S MCCALL ROAD
C
ENGLEWOOD FL 34223
US

Mailing Address

~~1499 S MCCALL RD 20~~
ENGLEWOOD FL 34223
US

SAME

3. Date Incorporated or Qualified
11/16/1992

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **1499 S. MCCALL RD**

27 **C**

28 **ENGLEWOOD, FL**

29 Zip

30 Country

4. F&T Number
65-0367427

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

SHIM, CYNTHIA
9031 HILOLO LA
VENICE FL 34293

Schram, Cynthia

10. Name and Address of New Registered Agent

81 Name **BRUCE SCHRAM**

82 Street Address (P.O. Box Number is Not Acceptable)
9031 HILOLO LA

83

84 City **VENICE**

FL

85 Zip Code **34293**

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 *Bruce Schram* **BRUCE SCHRAM**

4-2-96.

Signature must be printed in a straight line across the middle of the line. (Do not sign over the signature line.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAM, CYNTHIA H	1.2 NAME	BRUCE SCHRAM
STREET ADDRESS	9031 HILOLO LA	1.3 STREET ADDRESS	9031 HILOLO LA
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	DIRECTOR / OFFICER <input type="checkbox"/> DELETE	2.1 TITLE	DELETED AS PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE SCHRAM	2.2 NAME	KEPT AS DIRECTOR (6-)
STREET ADDRESS	9031 HILOLO LA	2.3 STREET ADDRESS	CYNTHIA SCHRAM
CITY-ST-ZIP	VENICE, FL 34293	2.4 CITY-ST-ZIP	9031 HILOLO LA, VENICE, FL 34293
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CYNTHIA SCHRAM	3.2 NAME	
STREET ADDRESS	9031 HILOLO LA	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bruce Schram* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE SCHRAM

4-2-96 **941-425-7899**
Date Daytime Phone

CR2E034 (12/95)

ST-96
Debra JR