

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 31 1997 8:00am
Secretary of State

DOCUMENT # 179568 (1)

1. Corporation Name

THE FRONTON, INC.

Principal Place of Business

Mailing Address

150 ADM. KALBFUS ROAD
NEWPORT RI 02840
US

150 ADM. KALBFUS ROAD
NEWPORT RI 02840
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

07/09/1954

3a. Date of Last Report

08/20/1996

4. FEI Number

59-0727180

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

10. Name and Address of New Registered Agent

SILVESTER, ARTHUR W., JR.
2770 WHITE WING LANE
WEST PALM BEACH FL 33409

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE

NAME RENEE T. SILVESTER
STREET ADDRESS 2770 WHITE WING LANE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE

NAME DIANE HURLEY
STREET ADDRESS 102 GREENEND AVENUE
CITY-ST-ZIP NEWPORT R.

TITLE TD ☐ DELETE

NAME SILVESTER, RENEE T.
STREET ADDRESS 2770 WHITE WING LANE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE

NAME SILVESTER JR., ARTHUR
STREET ADDRESS 2770 WHITE WING LANE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Renee T Silvester
1.3 STREET ADDRESS 529 South Flagler Drive Apt 6E
1.4 CITY-ST-ZIP West Palm Beach FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Silvester, Renee T.
3.3 STREET ADDRESS 529 South Flagler Drive Apt 6E
3.4 CITY-ST-ZIP West Palm Beach, FL 33401

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0511845

CR2E034 (9/96)