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

CITY-ST-ZIP

SIGNATURE: N. BALCA

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)FRONTENAC FLEA MARKET, INC. Principal Place of Business Mailing Address POST OFFICE BOX 10 POST OFFICE BOX 10 P O BOX 10 P O BOX 10 DO NOT WRITE IN THIS SPACE SHARPES FL 32969 SHARPES FL 32959 3. Date Incorporated or Qualified 12/30/1976 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 21 59-1716017 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 CHRISTIAN, H. RALPH 4235 SAVANNAHS TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 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, typod or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE WILSON, WILLIAM S. NAME 1.2 NAME 413 FECCO ST. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CHRISTIAN, H. RALPH NAME 2.2 NAME 4235 SAVNINAHS TRAIL STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL City-SI-799 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME CHRISTIAN, H. RALPH 3.2 NAME 4235 SAVANNAHS TRAIL STREET ADDRESS 3.3 STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NALIF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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.

H. PALAH CHRUSTOM