

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K62782
1. Corporation Name

21ST Century Frontier Group, Inc.

Principal Place of Business	Mailing Address
133A Gaither Drive PO Box 318 Mt. Laurel, NJ 08054	637 Appalachicola Rd. Venice, FL. 34285

DO NOT WRITE IN THIS SPACE

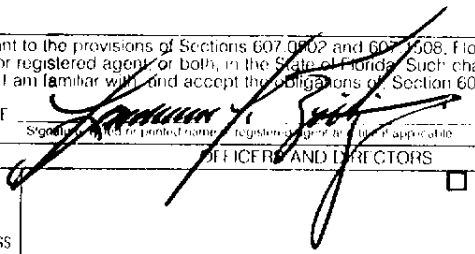
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 637 Appalachicola Rd.	01/27/1989	65-0706713	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	XX	\$8.75 Additional Fee Required
23 Zip	28 Venice, Florida	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 Country	29 34285	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

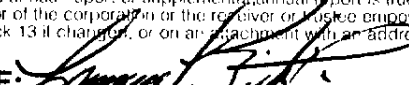
81 Name	Laurence T. Zitkevitz
82 Street Address (P.O. Box Number is Not Acceptable)	637 Appalachicola Rd.
83 City	Venice, FL
84 Zip Code	34285

11. Pursuant to the provisions of Sections 607.0902 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  Laurence T. Zitkevitz 3/27/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME Laurence T. Zitkevitz
STREET ADDRESS	1.3 STREET ADDRESS 637 Appalachicola Rd.
CITY- ST- ZIP	1.4 CITY- ST- ZIP Venice, Florida 34285
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY- ST- ZIP	2.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY- ST- ZIP	3.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4.2 NAME Emile Cianfrani
STREET ADDRESS	4.3 STREET ADDRESS 133A Gaither Dr.
CITY- ST- ZIP	4.4 CITY- ST- ZIP Mt. Laurel, NJ 08054
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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. If 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  Laurence T. Zitkevitz 3/27/98 1-800 397-9660

CR2E034 (10/97)