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FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M99236

(5)

1. Corporation Name

FRONTIER PRODUCTS, INC.

Principal Place of Business

% ALFRED M. KROPAT
829 N.W. 6TH AVE.
DANIA FL 33004

Mailing Address

% ALFRED M. KROPAT
829 N.W. 6TH AVE.
DANIA FL 33004-2303

3. Date Incorporated or Qualified

09/20/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0078293

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KROPAT, DEBORAH S
829 N.W. 6TH AVE
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

Cynthia Graham

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

500 N.E. 2nd St, 204

83

84 City

Dania

FL

85

Zip Code

33004

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Cynthia Graham, Pres 4/14/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | KROPAT, DEBORAH S. | |
| STREET ADDRESS | 829 N.W. 6TH AVE | |
| CITY-ST-ZIP | DANIA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KROPAT, ALFRED M. | |
| STREET ADDRESS | 829 N.W. 6TH AVE. | |
| CITY-ST-ZIP | DANIA FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | KROPAT, DEBORAH S. | |
| STREET ADDRESS | 829 NW 6TH AVE | |
| CITY-ST-ZIP | DANIA FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | KROPAT, DONNA L | |
| STREET ADDRESS | 829 NW 6TH AVE | |
| CITY-ST-ZIP | DANIA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KROPAT, SUSAN E. | |
| STREET ADDRESS | 829 NW 6TH AVE | |
| CITY-ST-ZIP | DANIA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | P, STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Cynthia Graham | |
| 1.3 STREET ADDRESS | 500 NE 2nd St, 204 | |
| 1.4 CITY-ST-ZIP | Dania, FL 33004 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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(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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia Graham 4/14/97 9296864

CR2E034 (9/96)