

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004701 (8)

1. Corporation Name

FRONTLINE, INC.



Principal Place of Business

Mailing Address

29501 SW 152 AVE
LEISURE CITY FL 33033

29501 SW 152 AVE
LEISURE CITY FL 33033

3. Date Incorporated or Qualified
09/22/1994

3a. Date of Last Report
09/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

50-2050492 65-0646563

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

JONES, ELBERT
30320 SW 158TH AVE.
MIAMI FL 33033

81

Name: Richard W. Carr

82

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

29501 SW 152 AVE

83

84

City

Leisure City

FL

85

Zip Code

33033

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/13/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GWALTNEY, RICHARD
STREET ADDRESS 1180-C WASHINGTON CR
CITY-ST-ZIP HOMESTEAD FL 33034

TITLE D ☒ DELETE

NAME HOWSARE, SCOTT
STREET ADDRESS 1614 NE 9 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☒ DELETE

NAME PFLEIDERER, SPENCER T
STREET ADDRESS 1848 NW 5TH AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☒ DELETE

NAME JONES, ELBERT ANTONIO
STREET ADDRESS 24100 SW 157TH AVE.
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE D ☐ DELETE

NAME JONES, ELBERT
STREET ADDRESS 30320 SW 158TH AVE.
CITY-ST-ZIP MIAMI FL 33033

TITLE D ☐ DELETE

NAME WOMPLER, EDDIE
STREET ADDRESS 14821 SW 298 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33033

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Richard W. Carr

1.3 STREET ADDRESS 1848 NW 5th Ave

1.4 CITY-ST-ZIP Homestead FL 33030

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elbert Jones

Elbert Jones

5/7/96

Date

(305) 247-8101

Daytime Phone #

CR2E037 (12/95)