

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90027 035 ****70.00

DOCUMENT # N94000004701

1. Corporation Name

FRONTLINE, INC.

Principal Place of Business

**29501 SW 152 AVE
LEISURE CITY FL 33033**

Mailing Address

**29501 SW 152 AVE
LEISURE CITY FL 33033**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/22/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0646563

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, RICHARD W
29501 SW 152 AVE
LEISURE CITY FL 33033**

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CARR, RICHARD W**
STREET ADDRESS **1848 NW 5TH AVE.**
CITY-ST-ZIP **HOMESTEAD FL 33030**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JONES, ELBERT**
STREET ADDRESS **30320 SW 158TH AVE.**
CITY-ST-ZIP **MIAMI FL 33033**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RIVERA, ELSA**
STREET ADDRESS **30234 SW 161 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33033**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

305-247-6352

CR2E037 (11/98)