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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P93000051193 (9)

DOCUMENT # P9300 1. Corporation Name FRONT ROW PROPERTIES. INC.

FILED Jan 15 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		i i a ni fatt i (A 184 i i i i i sa i s	mi Arran samen sinin idiba litte fame
8624 CHATHAM COURT 8624 CHATHAM COURT					
TALLAHASSE	E FL 32311	TALLAHASSEE FL 32311		DO NOT WRITE IN TI	HIG SPACE
				3. Date Incorporated or Qualified	113 SI NOL.
ļ				07/22/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3192907	Not Applicable
Sulte, Apt.	#, e1c.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registe	ed Agent
	WEN, TERESSA C		81 Name		
8624 CHATHAM COURT			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
TA	LLAHASSEE FL 32311				
			83		
1			84 City		85 Zip Code
					-L 18 710 COCK
1 office or r	egistered agent, or both, in the State	eof Florida. Such change was a	uthorized by the coroora	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE					
12.	Signature, typed or printed name of registered ag-	OD DIRECTORS (NDT	Hegistered Agent signature requi	ind when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS	· 11
TITLE	D	DELETE	1.1 TO LE	ADDITIONS/CHANGES TO CITICENS	Change Addition
NAME	SHIRLEY, PAULA S		1.2 NAME		
STREET ADDRESS	8624 CHATHAM CT.		1 3 STREET ADDRESS		
CITY-SY-ZIP	TALLAHASSEE FL 32311		14 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	OWEN, TERESSA C		2.2 NAME		
STREET ADDRESS	8624 CHATHAM COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE	T 17174 L 18	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIF		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-S1-ZIP		
TITLE		DELETÉ	51 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DFLETE	6 1 7171.8		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		64 CITY-ST-ZIP		
14 I hereby c	ertify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119 (17/3)(i) Florida Statutes I furtho	r corlify that the information

4. I hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under cath; that I am an officer or director of the corporation or the receiver or frustee 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

CICNATURE.

Terrison 1 Owen

Toward (0.10)

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