

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000033738**
Corporation Name
HOMEFRONT RESOURCES INC.

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90014 027 ***550.00



Principal Place of Business
**859 N PINE ISLAND RD
SUITE 235
FT LAUDERDALE FL 33322**

Mailing Address
**1859 N PINE ISLAND RD
SUITE 235
FT LAUDERDALE FL 33322**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
6299 W Sunrise Blvd

2a. Mailing Address
6299 W Sunrise Blvd

Suite, Apt. #, etc.
Suite 107

City & State
Ft Lauderdale, FL

Zip
33313

Country
USA

3. Date Incorporated or Qualified
05/02/1994

4. FEI Number
65-0493936

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No **Paid**

9. Name and Address of Current Registered Agent

**THOMPSON, DAVID
1859 N PINE ISLAND RD
SUITE 235
FT LAUDERDALE FL 33322**

10. Name and Address of New Registered Agent

81 Name **DAVID THOMPSON**

82 Street Address (P.O. Box Number is Not Acceptable)
6299 W Sunrise Blvd

83 **Suite 107**

84 City **Ft Lauderdale** FL 85 Zip Code **33313**

I, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	PD	<input type="checkbox"/> DELETE
ME	THOMPSON, DAVID	
REET ADDRESS	1859 N PINE ISLAND RD SUITE 235	
Y-ST-ZIP	FT LAUDERDALE FL	
LE	DST	<input type="checkbox"/> DELETE
ME	THOMPSON, SANDRA	
REET ADDRESS	1859 N PINE ISLAND RD SUITE 235	
Y-ST-ZIP	FT LAUDERDALE FL	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID THOMPSON	
1.3 STREET ADDRESS	6299 W Sunrise Blvd, Ste 107	
1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33313	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDRA THOMPSON	
2.3 STREET ADDRESS	6299 W Sunrise Blvd, Ste 107	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33313	
3.1 TITLE		<input 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		

I, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sandra Thompson**

6-30-99 (954) 792-7880

CR2E034 (5/99)