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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000045957 (4)**

1. Corporation Name

FRONTIER ATLANTIC U.S.A., INC.

Principal Place of Business	Mailing Address
5401 S KIRKMAN ROAD SUITE 500 ORLANDO FL 32819	5401 S KIRKMAN ROAD SUITE 500 ORLANDO FL 32819

3. Date Incorporated or Qualified: 06/08/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2447 S. HIAWASSEE RD	26 2447 S. HIAWASSEE RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO FL	28 City & State: ORLANDO FL
24 Zip: 32835 25 Country: USA	29 Zip: 32835 30 Country: USA

4. FEI Number: 59 332 1392 ☐ 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

LAVIGNE, JAMES R
5401 S KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: EVANS, NIGEL
82 Street Address (P.O. Box Number is Not Acceptable): 7320 WESTPOINTE BLVD # 534
83
84 City: ORLANDO FL 85 Zip Code: 32835

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: NIGE EVANS 3/27/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, ANTHONY E 15 BRITHDIR MOUNT PLESANT PENSARN CARMARTHEN SA31 2LN WALES UK	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P CURRY ANTHONY E 7210 WESTPOINTE BLVD # 1334 ORLANDO FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	O/M EVANS, NIGEL 7320 WESTPOINTE BLVD # 534 ORLANDO FL 32835	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: NIGE EVANS 3/27/96 407 578 1587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)