FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
5401 S KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

Mailing Address
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
21 2447 S. HIAWASSEE RD
22 Suite, Apt. #, etc.
23 City & State: ORLANDO FL
24 Zip: 32835
25 Country: USA

2a. Mailing Address
26 2447 S. HIAWASSEE RD
27 Suite, Apt. #, etc.
28 City & State: ORLANDO FL
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: NIGEL 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	D ☐ DELETE	1.1 TITLE	D/P ☑ Change ☐ Addition
NAME	CURRY, ANTHONY E	1.2 NAME	CURRY ANTHONY E
STREET ADDRESS	15 BRITHDIR MOUNT PLESANT PENSARN	1.3 STREET ADDRESS	7210 WESTPOINTE BLVD # 1334
CITY-ST-ZIP	CARMARTHEN SA31 2LN WALES UK	1.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	☐ DELETE	2.1 TITLE	O/M ☐ Change ☑ Addition
NAME		2.2 NAME	EVANS, NIGEL
STREET ADDRESS		2.3 STREET ADDRESS	7320 WESTPOINTE BLVD # 534
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E034 (12/95)