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

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham_ Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P95000082206 (0) FRONT LINE READY, INC. Principal Place of Business Mailing Address 708 NE 4 STREET 708 NE 4 STREET POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1995 4. FEI Number 2. Principal Place of Business Applied For 65-0615275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing UO BEACH Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 20 330 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent STERN, JOHN A 708 NE 4 STREET 82 POMPANO BEACH FL 33060 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 677.1508. 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 a cept the obligations of Section 607.0505, Florida Statutes. and a cept the obligation (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE STERN, JOHN A. NAME 1.2 NAME 708 NE 4 STREET STREET ADDRESS 1.3 STREET ADORESS POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS **FILED**

Change

Addition

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 repeiver 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 or the first true and directors.

SIGNATURE

DELETE

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE