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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094744 (5)

FRONTLINE BASICS, INC.

## FILED May 01 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		t idetiebt ite intie nift natit batt batt batte	imtel mimist emmit menti diği södi
546 VALENCIA STREET SANFORD FL 32771		546 VALENCIA STREET			
SAMPUNU PL	32771	SANFORD FL 32771		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				11/15/1996	
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 176	MIMBLEDON CIRCLE	26 Y.U. BUX	953065	59-3372253	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 1		27		a. Ceranicate of Status Desired	Fee Required
City & State		City & State	$\mathcal{C}_{\bullet}$	6. Election Campaign Financing	\$5.00 May Be
23 HE AT	HROW, IC	28 LAKE MARY.	rc rc	Trust Fund Contribution	Added to Fees
zip 24 327	Country	Zip 29 32746	Country	This corporation owes or has paid the or	
24 3279	46 25 CEMINICE	1==1	30 SEMINOUE	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent  PLAICE, JILL  10. Name and Address of New Registered Agent  Name					
			Oi Name	JILL PLAIGE	
				Address (P.O. Box Number is Not Acceptable)	
SAI	1FUND FL 32//1		B3	76 MIMBLEON CIRCLE	
			[**]		
			84 City	1	85 Zip Code 32746
44 Durawant Is	the provisions of Sections CO7 OF OO	and COZ 4EOO Florido Ciatat		(EATHROW F	
office or re	gi <b>ste</b> red agent, or both, in the State of	Tiorida. Such change was a	es, the above-harned authorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	or changing its registered poointment as registered
agent. Lan			orida Statutes.	11/22	la a
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  OFFICE OFFI AGENT AG					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Post	DELET <b>E</b>	1.1 TITLE	TODATION OF THE TOTAL OF THE PARTY OF THE PA	Change Addition
NAME	PLAICE, JILL		1.2 NAME		<i>-</i>
STREET ADDRESS	546 VALENCIA ST		1.3 STREET ADDRESS	176 WIMBLEDON CIRCLE	
CITY-ST-ZIP	<b>SANFORD FL</b>		1.4 CITY-ST-ZIP	176 WIMBLEOON CIRCLE HEATHROW, FL 32746	
TITLE		DELETE	2.1 TITLE		Change Addition
HAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 City+St-ZiP		
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		□ DELĒT <b>E</b>	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	A III		6.4 CITY-ST-ZIP		
14. I hereby ce indicated o	<b>eany that the information supplied with</b> I <b>n this a</b> nnual report or supplemental a	this filing does not qualify for innual report is true and acci	r the exemption state- urate and that my sini	d in Section 119.07(3)(i), Florida Statutes. I further nature shall have the same legal effect as if made i	certify that the information
officer or di	i <b>recto</b> r of the corporation or the receive	er or trustee empowered to $\epsilon$	execute this report as	required by Chapter 607, Florida Statutes; and tha	t my name appears in
DIOCK 12 OF	r <b>Bloc</b> k 13 if changed, or on an atlach	אישען an address.			