

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90240 018 \*\*\*150.00

DOCUMENT # P97000023061

1. Corporation Name  
FOREFRONT TECHNOLOGY PARTNERS, INC.

Principal Place of Business  
5338 CYPRESS CREEK DRIVE  
ORLANDO FL 32811

Mailing Address  
5338 CYPRESS CREEK DRIVE  
ORLANDO FL 32811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4630 S. Kirkman Rd.

Suite, Apt. #, etc.

22 Suite 183

City & State

23 Orlando, FL

Zip

24 32811-2802

Country

25 USA

2a. Mailing Address

26 4630 S. Kirkman Rd.

Suite, Apt. #, etc.

27 Suite 183

City & State

28 Orlando, FL

Zip

29 32811-2802

Country

30 USA

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-3432393

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 owes the current year intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

GRECSEK, MATTHEW T  
5338 CYPRESS CREEK DRIVE  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

Grecsek Matthew T

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 183

83

4630 S. Kirkman Rd.

84 City

Orlando

FL

85 Zip Code

32811

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE

NAME GRECSEK, MATTHEW T  
STREET ADDRESS 5338 CYPRESS CREEK DR  
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4630 S. Kirkman Rd, Suite 183

1.4 CITY-ST-ZIP Orlando, FL 32811

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

407-370-2512

Daytime Phone #

CR2E034 (1/98)

0087956