

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000067044**

1. Corporation Name

FRONTLINE INSURANCE MANAGERS INC.

Principal Place of Business

**106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301**

Mailing Address

**106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

13-3963337

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. ☒ Yes ☐ No

2. Principal Place of Business

21 8875 Hidden River Parkway

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Tampa FL

Zip

24 33637

Country

25 USA

2a. Mailing Address

26 99 HILLSIDE AVENUE

Suite, Apt. #, etc.

27 SUITE 99 Q

City & State

28 WILLISTON PARK N.Y.

Zip

29 11596

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**TIMIN, GARY P
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **DE ROSA, PHILIP L**
STREET ADDRESS **215 EAST BAY STREET, SUITE 1005**
CITY-ST-ZIP **CHARLESTON SC 29401**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **D** ☐ Change ☒ Addition

1.2 NAME **Donald J. Zuk**
1.3 STREET ADDRESS **1813 Poinsettia Lane**
1.4 CITY-ST-ZIP **Manhattan Beach CA**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Frank George Dunham III**
2.3 STREET ADDRESS **6229 Menwick**
2.4 CITY-ST-ZIP **FL. Worth TX**

3.1 TITLE **C** ☐ Change ☒ Addition

3.2 NAME **Willis T. King, Jr.**
3.3 STREET ADDRESS **122 Prospect Street**
3.4 CITY-ST-ZIP **Summit NJ**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Norman Basham**
4.3 STREET ADDRESS **185 Highland Avenue**
4.4 CITY-ST-ZIP **Montclair NJ 07042**

5.1 TITLE **D.P.T.S** ☐ Change ☒ Addition

5.2 NAME **Charles E. Durr**
5.3 STREET ADDRESS **75 Colonial Avenue**
5.4 CITY-ST-ZIP **Williston Park NJ**

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.

SIGNATURE:

SIGNATURE REQUIRED

7/13/99 (516) 248-8826

CR2E034 (5/99)