PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000014897

FRONTIER RESTORATION CORP.

_Principal Place of Business Mailing Address					((SB(SB))) o (SI) o (SI) o (SI)			
4630 SOUTH KIRKMAN ROAD 4630 SOUTH KIRKMAN ROAD					والمحمرين بالمحتفية المحت			
SUITE 406	TIMMAN NORD	SUITE 406					` -	
ORLANDO FL 32811-2802		ORLANDO FL 32811-2802			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 02/16/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	~^	App	lied For
21		26			5934932	50	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 AG	dditional	
22	.,	27			5. Certifcate of Status Desired		Fee Req	uired
City & State	<u> </u>	City & State			6. Election Campaign Financing		\$5.00 N	Any Be
		28			Trust Fund Contribution Added to Fees			
23 Zin	Country	Zip Country				ont wood Into		
Zip		h "'			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	25	11	<u> </u>		10. Name and Address of New F			
	g. Name and Address of Current	10. Hallie and Address of New)	ogiotoroa A	80.11				
AMERILAWYER			81	Name				
	ALMERIA AVENUE		82	Street /	Address (P.O. Box Number is Not Accepta	ible)		
CURA	AL GABLES FL 33134		83					
			0.4	Cit.			85 Zip Ci	orte
			84	City		FL	2 P C	000
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 -								
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	.Florida. Such change was autho	orized by	the corpo	oration's board of directors. I hereby accep	t the appoint	ment as regi	istered -
agent. i ar	m tamiliar with, and accept the obligation	ins of, Section 607.0303, Florida	Statutes					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
The state of the s				n organization of the	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
TITLE	PISTO	DELETE	13.		WICE PATS DENT	TOCHO FILE	Change	dition
	CHAMBERS SAMUEL A	-60 \ Z			ALA A A Alton	ala		~
NAME		WAS	1.2 NAME		7059 71 /ALGE TALLA	r 1598	N/A	$\mathcal{H}_{\mathcal{W}}$.
STREET ADDRESS	4630 SOUTHKIRKMAN ROAD	sur.	1.3 STREE	TADDRESS	1 2011 LUI LU V 46 A	de de		
CITY-ST-ZIP	DRILANDO FIL 328 14-2802		1.4 CITY-S	T- ZIP	SNETTIFE, TE SOO			Addition
TITLE	HO PRESIDENT	☐ DELETÉ	2.1 TITLE		JOSHAA CH AMBER	9.	Change	Audition
NAME	CHAMBERS, NATHAN A	· I Was	2.2 NAME		MITTHELL TONON PI)		ĺ
STREET ADDRESS	4630 SOUTH KIRKMAN ROAD	suite TU	2.3 STREE	TADDRESS	CLARENDON, JAMAN	CA		
CITY-ST-ZIP	ORLANDO FL 32811-2802		2.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		DIRECTOR		Change	Addition
NAME			3.2 NAME		FITZROY CHAMBER			
STREET ADORESS				TADDRESS	MITCHELL TONN	007		
			3.4. CITY-5		CLARENDEN, JAMAICA	g		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-235	A OFF TOP		Change	Addition
TITLE					DIRECTOR WINSTON CHAMBER		_ ,	-
NAME	-		4. 2 NAME		MITCHELL TOWN	39		Ì
STREET ADDRESS			4.3 STREE	TADDRESS	MITCHECK TAME	CA		1
CITY-ST-ZIP		24	4.4 CITY-S	T-ZIP	Charterboy, Jamm		Channa	O Appellian
_TITLE		- DELETE	'5.1 TILE"		DIRECTOR		☐ Change	Addition
NAME.			5.2 NAME		MITH CHAMBERS P.	n		
STREET ADORESS			5.3 STREE	TADDRESS	MATTHEW 1000	e2		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	CLAPETUDN VAMATO	7	PRETOR	
TITLE		☐ DELETE	6.1 TITLE		CLAPENDON JAMAIC CHARCENE CHAMO MITCHELL TONNE CLAPENDON, JAM	By D	Change	Atidition
NAME			6.2 NAME		MITCHELL TOWNA	A.		
STREET ADDRESS	•		6.3 STREE	T ADDRESS	CLARENDON, TAMI	91C/3-		
DIVECT WOUNESS					- VIII- CHOOL IJI			

14. 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90077 016 ***150.00