

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90071 001 ***150.00

DOCUMENT # P98 000037148 01

Corporation Name

IN FRONT LINES, CORP.

Principal Place of Business

900 West Ave. #701
Miami Beach, FL 33139

Mailing Address

900 West Ave. #701
Miami Beach, FL 33139

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

9. Name and Address of Current Registered Agent

STEINAR DALEN
900 WEST AVENUE #701
MIAMI BEACH, FLORIDA 33139

3. Date Incorporated or Qualified

4-23-98

4. FEI Number

52-2097575

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

10. Name and Address of New Registered Agent

81 Name

MARGERY H. JAKOBSEN

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

5083 N.W. 114th PLACE

83

MIAMI

84 City

FL

85 Zip Code

33178

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

Margery H. Jakobsen

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

(NOTE: Registered Agent signature required when reinstating)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	STEINAR DALEN	900 West Ave #701	MIAMI BEACH, FL 33139	<input type="checkbox"/>
VICE PRESIDENT	LEIF JAKOBSEN	5083 N.W. 114th Place	MIAMI, FL 33178	<input type="checkbox"/>
SEC. / TREASURER	WILLY P. HANSEN	5522 N.W. 55 Terrace	COCONUT CREEK, FL 33073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>				<input type="checkbox"/>	<input type="checkbox"/>
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99

Daytime Phone #

305 640-0600

CR2E034 (1/98)