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 90133 047 ***150.00



DOCUMENT #	P98000054535
1. Corporation Name	, 0000000 1000

FRONT STREET PARTNERS, INC.

Principal Plac	e of Business	Mailing Address					
201 FRONT ST	REET. STE 224	PO BOX 1237					
KEY WEST FL 33040		KEY WEST FL 33041		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					06/17/1998		
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			59-0845009		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22	· · · · · · · · · · · · · · · · · · ·	27	_		5. Certificate of Status Desired:	Fé	Required
City & Stat	te	City & State		 -	6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	Add	led to Fees
Zip	Country	— — — —	Country		8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	- -		10. Name and Address of New Register	ed Agent	
WE	T PRADECIDE O		81	Name	Edwin A. Scales, Esq.		
	ST, BRADFORD D		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	NORTH EOLA DR ANDO FL 32801			201	Front Street, Suite 110		
UKL	ANDU FL 32801		83				
			84	City 1/	14/0.06	85	Zip Code 33040
				NIY	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	L	33040
SIGNATURE	Signature, typed of minted name of registered ager	nt and title if applicable. (NOTE: Registe	Sc4 (4 ered Agen 13.		d when reinstating) ADDITIONS/CHANGES TO OFFICERS	2/89	CTORS IN 12
TITLE	D OFFICERS AN		1 TITLE		ADDITIONS/CHANGES TO OFFICERS	☐ Chai	
NAME	~		2 NAME				_
	BELLAND, CHRISTOPHER C			ADDRESS			
STREET ADDRESS			.4 CITY-\$1				
CITY-ST-ZIP	KEY WEST FL 33040		.1 TITLE	-2/2		Char	nge 🔲 Additio
NAME.	SWIFT, EDWIN O III.		2 NAME				
STREET ADDRESS				ADDRESS	_		
	KEY WEST FL 33040	1	4 CITY-S		and the second s		
CITY-ST-ZIP TITLE	D		1 TITLE			Chai	nge 🔲 Additio
NAME	MOSHER, GERALD		2 NAME				
STREET ADDRESS			_	ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040	J.*	4. CITY-S	i J	•		
TITLE	1127 77201 12 00010		1 TITLE			☐ Chai	nge Addition
NAME		4.	. 2 NAME				
STREET ADDRESS		4.	.3 STREET	ADDRESS			
CITY-ST-ZIP)	14	4 CITY-\$1	r-ZIP			
TITLE	<u> </u>		.1 TITLE			Cha	nge 🗌 Additio
NAME		5.	.2 NAME	1			
STREET ADDRESS		5.	3 STREET	ADDRESS			
CITY-ST-78P		5.	4 CITY-ST	r-ZIP			

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.

B 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/20/99

(305)292-8950

Change

Addition

CR2E034.(11/98)