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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**

DOCUMENT # P98000059458

1. Corporation Name

FRONTL	INE INVESTMENTS, INC.					
Principal Place	e of Business	Mailing Address			- (\$8) (40) (\$\$\text{\$	11 (88)
1411 E. VINE ST. 1411 E. VINE ST. KISSIMMEE FL 34744 KISSIMMEE FL 34744					DO NOT WRITE IN THIS SPACE	
		- ·			3. Date Incorporated or Qualifed	
					07/02/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 35) 38// Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Addition	
22		27			5. Certificate of Status Desired Fee Required	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Feet	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre		\neg		10. Name and Address of New Registered Agent	
	3. Name and Address of Carre	The Registered Agent	81	Name		
ROBERTSON, JON L			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	\dashv
1200 PLEASANT OAKS CT. KISSIMMEE FL 34741			83			
Noc	Minner is out at		63			
			84	City	FL 85 Zip Code	_
office or r	egistered agent, or both, in the State	e of Florida. Such change was autho- ations of, Section 607.0505, Florida	rized by Statutes	the corporation	ration submits this statement for the purpose of changing its register's board of directors. I hereby accept the appointment as registere	d
12.		ND DIRECTORS	13.	in signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE			1.1 TITLE			Addition
NAME	SANTOS, JORGE R		1.2 NAME			
STREET ADDRESS	1065 BRIGHTON PLACE BLVI	D.	1.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-S	T-ZIP		A d distan
TITLE	SD soperation		2.1 TITLE	ļ	☐ Change ☐	Addition
NAME	ROBERTSON, JON L		2.2 NAME			
STREET ADDRESS	1200 PLEASANT OAKS CT. KISSIMMEE FL 34741			TADDRESS		
CITY-ST-ZIP TITLE	MIODINANCE PE 34741		2.4 C/Y-5 3.1 T/TLE	S1-2P	☐ Change	Addition
NAME			3.2 NAME			- 1
STREET ADDRESS		ľ	3.3 STREE	TADDRESS		1
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		ļ	4. 2 NAME			
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Change :	Addition
TITLE			5.1 TITLE 5.2 NAME			A .
NAME STREET ADDRESS				T ADDRESS	त निर्देश होती है कि है है जिस है	
STREET ADDRESS			5.4 CITY-S			
CITY-ST-ZIP			6.1 TITLE		☐ Change	Addition

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 feceiver 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 the mattachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS