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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90014 005 ***550.00

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1. Corporation Name

FRONT END TECHNOLOGY, INC.

Principal Place of Business Mailing Address
708 Grandview Ave. 708 Grandview Ave.
Altamonte Spgs, FL 32701 Altamonte Spgs, FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jeffrey A. Icardi
237 Lookout Place, Suite 100
Maitland, FL 32751

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/S/T ☐ DELETE
NAME Vammen, Chris.
STREET ADDRESS 708 Grandview Ave.
CITY-ST-ZIP Altamonte Springs, FL 32701

1.1 TITLE ☐ Change ☐ Add
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D/VP ☐ DELETE
NAME Stallard, Bryan
STREET ADDRESS 1036 Bonaire Drive
CITY-ST-ZIP Altamonte Springs, FL 32714

2.1 TITLE ☐ Change ☐ Add
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Rooney, Robert
STREET ADDRESS 808 Agnes Drive
CITY-ST-ZIP Altamonte Springs, FL 32701

3.1 TITLE ☐ Change ☐ Add
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add
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 and an address, with all other like empowered.

SIGNATURE:

Chris Vammen Chris Vammen

6-9-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required