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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90274 048 \*\*\*150.00

DOCUMENT # *P98000096735*

1. Corporation Name

*FRONT GATE PROPERTIES, INC.*

Principal Place of Business

Mailing Address

*2101 CORPORATE BLVD.  
SUITE 420  
BOCA RATON, FL 33431  
US*

*2101 CORPORATE BLVD  
SUITE 420  
BOCA RATON, FL 33431  
US*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*11/12/98*

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

*SZYMONIAK, LYNN E.  
2101 CORPORATE BLVD  
SUITE 420  
BOCA RATON, FL 33431*

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LYNN E. SZYMONIAK
STREET ADDRESS		1.3 STREET ADDRESS	2101 Corporate Blvd, Suite 420
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Gulie Scherzinger
STREET ADDRESS		2.3 STREET ADDRESS	2101 Corporate Blvd, Suite 420
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JAN Scherzinger
STREET ADDRESS		3.3 STREET ADDRESS	2101 Corporate Blvd., Suite 420
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Peter J. Frasca, II
STREET ADDRESS		4.3 STREET ADDRESS	2101 Corporate Blvd, Suite 420
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with an address, with all other like empowered.

SIGNATURE:

*Lynn E. Szymoniak*

LYNN E. SZYMONIAK

4-25-99

561-789-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)