

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90008 015 ***558.75

DOCUMENT # **P98000101955**

1. Corporation Name

STORMFRONT COMMUNICATIONS, INC.



Principal Place of Business

**16580 NW 10 AVENUE
MIAMI FL 33169-5815**

Mailing Address

**16580 NW 10 AVENUE
MIAMI FL 33169-5815**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1998

2. Principal Place of Business

21 16580 NW 10TH AVE

2a. Mailing Address

26 16580 NW 10TH AVE

4. FEI Number

650884630

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 8H

Suite, Apt. #, etc.

27 Suite 8H

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33169

Country

25 USA

Zip

29 33169

Country

30 USA

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**WERBA, DANIEL
16580 NW 10 AVENUE
MIAMI FL 33169-5815**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **WERBA, DANIEL**
STREET ADDRESS **20419 NE 10 COURT**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL WERBA

Date

7-2-99

Daytime Phone #

305-905-8800

CR2E034 (5/99)