

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 01, 1999 8:00 am  
Secretary of State

04-01-1999 90084 050 \*\*\*150.00

DOCUMENT # S45046

1. Corporation Name  
FOREFRONT DIRECT, INC.

Principal Place of Business

25400 US HWY 19 N  
CLEARWATER FL 34623  
US

Mailing Address

P. O. BOX 10091  
CLEARWATER FL 34617  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1991

4. FEI Number

59-3049917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 PD ☒ DELETE

NAME MOMAN, TIM  
STREET ADDRESS 16100 N. GREENWAY HAYDEN LOOP #800  
CITY-ST-ZIP SCOTTSDALE AZ 85260

TITLE VSD ☐ DELETE

NAME ROEMER, ELIZABETH  
STREET ADDRESS 900 CHESAPEAKE DR  
CITY-ST-ZIP REDWOOD CITY CA 94063

TITLE VT ☐ DELETE

NAME MURPHY, ERIC  
STREET ADDRESS 900 CHESAPEAKE DR  
CITY-ST-ZIP REDWOOD CITY CA 94063

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 PD ☒ Change ☐ Addition

1.2 NAME PRIEST, GREGORY M.  
1.3 STREET ADDRESS 900 CHESAPEAKE DRIVE  
1.4 CITY-ST-ZIP REDWOOD CITY, CA 94063

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VTD ☐ Change ☒ Addition

3.2 NAME MURPHY, ERIC  
3.3 STREET ADDRESS 900 CHESAPEAKE DRIVE  
3.4 CITY-ST-ZIP REDWOOD CITY, CA 94063

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99

CR2E034 (11/98)