FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78661

8661 (3)

FRONTENAC DEVELOPERS, INC.

Frontenae

Principal Place of Business

Mailing Address

FILED Feb 03 1998 8:00am Secretary of State

20922 AVENEL RUN 20958 AVENEL RUN BOCA RATON FL 33428 BOCA RATON FL 33428 US US				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified 09/06/1991				
2. Principal Place of Business 1 20958 Avened Run	2a. Mailing Address 26 P. O. Box 97	00	666	4. FEI Number 65-0298002			Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State Riton Fla.	28 Proca Rator		FLA.	Election Campaign Financing Trust Fund Contribution			.00 May Be doed to Fees	
210 233438-13335 U.S.A.	29 33497-066430 Cou	intry U.	S.A.	8. This corporation owes or has pa Personal Property Tax due June	_	ent ye] Yes	ar Intangible	
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent						
KEKARAINEN, JOHN 20958 AVENEL RUN BOCA RATON FL 33428		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
		83						
		84	City		FL	85	Zip Code	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation 	f Florida. Such change was authorize	d by	the corporation	ration submits this statement for the purity statement of directors. I hereby acce	ourpose of pt the appo	chang intme	ing its registered nt as registered	

SIGNATURE Signature, typed or printed name of registered agent and tire if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. STDV □ DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE KEKARAINEN, JOHN 1.2 NAME NAME 20958 AVENEL RUN STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 1/1/16 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE ☐ DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 hat 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 truylee employee to exclude his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1/2-1/00 (541)408.72