

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V00886**

(4)

1. Corporation Name

**FRONTLINE MARKETING, INC.**



Principal Place of Business

**1057 CHENEY HWY  
TITUSVILLE FL 32780  
US**

Mailing Address

**P.O. BOX 2846  
TITUSVILLE FL 32781**

3. Date Incorporated or Qualified

**12/18/1991**

3a. Date of Last Report

**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3525 NELSON PLACE**

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 **TITUSVILLE, FLA.**

27

City & State

City & State

23 **32780**

28

Zip

Zip

Country

Country

24

25

**BREVARD**

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, ROBERT M.  
3525 NELSON PLACE  
TITUSVILLE FL 32780**

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, if filed if applicable

DATE Registered Agent's signature required when filing statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D  
ADAMS, ROBERT M.**  
STREET ADDRESS **3525 NELSON PLACE**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **D  
ADAMS, LINDA J.**  
STREET ADDRESS **3525 NELSON PLACE**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Linda J. Adams*

**LINDA J. ADAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-96**

**407-267-2314**

DATE TELEPHONE #

CR2E034 (12/95)