## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 3611 S. HARBOR BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19313

(6)

Mailing Address

3611 S. HARBOR BLVD.

INFOTEC DEVELOPMENT, INCORPORATED

FILED Sep 11 1997 8:00am Secretary of State



BUITE 200	<u></u>	SUITE 260		- DO NOT HIDIT	C.IN. THUO ODAOD
				3. Date Incorporated or Qualified	Sa. Date of Last Report
INFUTEC	DEVELOPMENT, INC.	c/o PACER INFO	TEC. INC.	05/19/1988	04/09/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	South Harbor Blvd.	26 900 Technolog	gy Park Dri	ive 95-3312403	Not Applicable
Suite, Apt 22 Su1te	• •	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 <b>Suite</b> City & Sta		City & State	<del></del>	6. Election Campaign Financing	
	Ana, CA	28 Billerica, M	۸	Trust Fund Contribution	\$5.00 May Ee  Added to Fees
20) <b>Jan Ca</b>	Country	Zip	Country	B. This corporation owes or has p	
24 92704	<u> </u>	<del> </del>	USA.	Personal Property Tax due Jun	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	
CT	CORPORATION SYSTEM		81 Name		
	S. PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Accepta	abla)
	NTATION FL 33324		02 30001	Address (F.O. Dox Number is Not Accept	IDIO)
,	· · · · · · · · · · · · · · · · · · ·		83		
			84 City		85 Zip Code
			Gity		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the	purpose of changing its registered
orice or agent. In	registered agent, or both, in the State am familiar with, and accept the oblig-	or Fiorida. Such change was au ations of, Section 607.0505, Flori	imorized by the corp ida Statutes.	poration's board of directors. I hereby according	apt trie appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	
TITLE	NIEBI A J. ECDALANDO	["] DETER		[ · • -	X Change Addition
NAME	NIEBLA, J. FERNANDO 3611 S. HARBOR BLVD.			Niebla, J. Fernando 7524 Saddlehill Trail	
STREET ADDRESS	SANTA ANA CA				
CITY-ST-ZIP TITLE	SD .	<b>₩</b> DELETE	1.4 CITY - ST - ZIP 2.1 TITLE :	Orange, CA 92669	Change X Acidition
NAME	SOULIA, JOSEPH L.	G bateli			C Onlinge M Redillon
STREET ADDRESS	3611 S. HARBOR BLVD.			Rennie, John C.	4.40
CITY-ST-ZIP	SANTA ANA CA		2.4 CITY-ST-ZIP	900 Technology Park Dr Billerica. MA 01821-4	1146
TITLE	T .	X DELETE	3.1 TITLE	T,S,V	Change Addition
NAME	RECTOR HARRY	<del></del>		Koczera, Rudolph R.	
STREET ADDRESS	3611 S. HARBOR BLVD.			900 Technology Park Dr	ivo
CITY-ST-ZIP	SANTA ANA CA		3.4. City-St-ZiP	Billerica, MA 01821-4	101
TITLE	D	<b>₩</b> DELETE	4.1 THILE	U D111EL1DQ* 1M D1051=8	Change A Addition
NAME	CASTNO, TOM		4. 2 NAME	Goldblum, Sigmund H.	-
STREET ADDRESS	11340 W. OLYMPIC BLVD., #20	06	4.3 STREET ADDRESS	900 Technology Park Dr	ivo
CITY-ST-ZIP	LOS ANGEDES CA			Billerica, MA 01821-4	104
TITLE	D	A DELETE	5.1 TITLE	<del>                                      </del>	☐ Change ditties
NAME	HAHL, NEIL M.		5.2 NAME		1017,1,-"
STREET ADDRESS	ONE EAST 4TH STREET		5.3 STREF1 ADDRESS		'AN'
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-ST-ZIP		
TITLE	0	(X) DELETE	61 TITLE	Married Parest Tarest Tarest Tarest Tarest Tarest	Change Addition
NAME	CONLIN, WILLIAM		6.2 NAME	70000229 -09/11/97011	ina".
STREET ADDRESS	23 HILLSBOROUGH		6.3 STREET ADDRESS		10003
0101 AT TIO	NEWDODT BEKOU CA			***550.00	

14. If do 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:

9/50

978-667-8800