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Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 647685 (7)
1. Corporation Name
THE INFANTINO GROUP, INCORPORATED

Principal Place of Business
9699 EAST GOSPEL ISLAND ROAD
INVERNESS FL 32650

Mailing Address
9699 EAST GOSPEL ISLAND ROAD
INVERNESS FL 32650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 609 U		26 PO Box 2503	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 INVERNESS FL	
24 Zip	25 Country	29 34451	30 CITRUS

3. Date Incorporated or Qualified 12/10/1979	
4. FEI Number 59-2036489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INFANTINO, THOMAS V SR 9699 EAST GOSPEL ISLAND ROAD INVERNESS FL 32650				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	INFANTINO JR, THOMAS V	1.2 NAME	INFANTINO JR, THOMAS V.
STREET ADDRESS	9699 E GOSPEL ISLAND	1.3 STREET ADDRESS	P.O. Box 2526 (609 US 41 SOUTH)
CITY-ST-ZIP	INVERNESS, FL 00000	1.4 CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	PD	2.1 TITLE	PD
NAME	INFANTINO, THOMAS V., SR	2.2 NAME	INFANTINO, THOMAS V. SR.
STREET ADDRESS	9699 E GOSPEL ISLAND	2.3 STREET ADDRESS	P.O. Box 2526 (609 US 41 SOUTH)
CITY-ST-ZIP	INVERNESS, FL 00000	2.4 CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	SD	3.1 TITLE	SD
NAME	INFANTINO, FRANCES	3.2 NAME	INFANTINO, FRANCES
STREET ADDRESS	9699 E GOSPEL ISLAND	3.3 STREET ADDRESS	P.O. Box 2526 (609 US 41 SOUTH)
CITY-ST-ZIP	INVERNESS, FL 00000	3.4 CITY-ST-ZIP	INVERNESS, FL 34451
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas V. Infantino d. 3/29/98 352-726-9478

CR2E034 (10/97)