


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90017 028 ***450.00

0488744

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 647685

1. Corporation Name

THE INFANTINO GROUP, INCORPORATED



Principal Place of Business 609 U INVERNESS FL 32650 US	Mailing Address P O BOX 2503 INVERNESS FL 34451 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/10/1979	
4. FEI Number 59-2036489		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INFANTINO, THOMAS V SR 9600 EAST GOSPEL ISLAND ROAD INVERNESS FL 32650		10. Name and Address of New Registered Agent 81 Name THOMAS V. INFANTINO JR 82 Street Address (P.O. Box Number is Not Acceptable) 180 So Knowles 83 84 City WINTER PARK FL 85 Zip Code 32789	
---	--	--	--

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: *Thomas V. Infantino Jr* DATE: 2-26-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTINO JR, THOMAS V	1.2 NAME	
STREET ADDRESS	P O BOX 2526 609 US 41 S	1.3 STREET ADDRESS	Suite 7, 180 So. Knowles Ave.
CITY-ST-ZIP	INVERNESS, FL 00000 34451	1.4 CITY-ST-ZIP	Winter Park FL 32789
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTINO, THOMAS V., SR	2.2 NAME	
STREET ADDRESS	P O BOX 2526 609 US 41 S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 00000 34451	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTINO, FRANCES	3.2 NAME	
STREET ADDRESS	P O BOX 2526 609 US 41 S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 00000 34451	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Thomas V. Infantino Jr* DATE: 3/10/99 DAYTIME PHONE: 352-749-478