


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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90066 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F27080**  
 1. Corporation Name  
**INFINTI PROPERTY MANAGEMENT, INC.**

Principal Place of Business 1301 SEMINOLE BLVD SUITE 110 LARGO FL 34640	Mailing Address 1301 SEMINOLE BLVD SUITE 110 LARGO FL 34640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>03/26/1981</b>	Applied For
4. FEI Number <b>59-2075095</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**NOLAN, GAIL P.**  
**1301 SEMINOLE BLVD., SUITE 110**  
**LARGO, FL 34640**

10. Name and Address of New Registered Agent

81 Name	<i>Lydia L. Moscato</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>1301 Seminole Blvd., Suite 110</i>
83	
84 City	<i>Largo</i>
85 Zip Code	<i>FL 33770</i>

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 *Lydia L. Moscato* DATE **4-1-99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GAIL P. NOLAN</b>
STREET ADDRESS	<b>10113 - 133 ST. N.</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LYDIA L. MOSCATO</b>
STREET ADDRESS	<b>1321 INDIAN ROCKS ROAD</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ANITA LAUDATO</b>
STREET ADDRESS	<b>2212 BLANCHARD CT.</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<i>President/5</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>V/Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Lydia L. Moscato* **4-1-99** **727-585-3491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD 0202 (11/03)