

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 # **F92000000620 (6)**

1. Corporation Name
INFUSX, INC.



Principal Place of Business
**3891 COMMERCE PARKWAY
407 NORTH MAPLE DRIVE - SUITE K
MIRAMAR FL 33025
US**

Mailing Address
**C/O DWIGHT G. DAVIS, III
407 NORTH MAPLE DRIVE - SUITE K
BEVERLY HILLS CA 90210**

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
01/26/1995

4. FEI Number
95-4359833

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
FL

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, title, or position must be printed legibly below signature.

(NOTE: Registered Agent signatures required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BELL, LESLIE F	1.2 NAME	
STREET ADDRESS	8201 BEVERLY BOULEVARD	1.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90048	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FIOR, MICHAEL T	2.2 NAME	
STREET ADDRESS	8201 BEVERLY BOULEVARD	2.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90048	2.4 CITY- ST- ZIP	
TITLE	CFO	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNDAHL, BLAIR S.	3.2 NAME	
STREET ADDRESS	8201 BEVERLY BOULEVARD	3.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	☒ Change ☐ Addition
NAME	BROMLEY-WILLIAMS, BARBARA	4.2 NAME	
STREET ADDRESS	8201 BEVERLY BOULEVARD	4.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DWIGHT G. III	5.2 NAME	
STREET ADDRESS	407 N. MAPLE DR., SUITE K	5.3 STREET ADDRESS	
CITY- ST- ZIP	BEVERLY HILLS CA	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE F. BELL

4-10-96

213-966-3400

CR2E034 (12/95)