

**ANNUAL REPORT  
1995**

Division of Corporations  
Secretary of State

95 MAY -1 PM 8:23

**DOCUMENT # F93000005956 (8)**

1. Corporation Name  
**INF CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2929 ALLEN PARKWAY  
A36-01  
HOUSTON TX 77019**

Mailing Address  
**P.O. BOX 3247  
A36-01-  
HOUSTON TX 77253**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 **Suite A36-01** 27 **Suite A36-01**  
City & State City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **76-0420812** Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No **N/A**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1290 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUTERS PETER</b>	1.2 NAME	
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX 77019</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER JULIA S.</b>	2.2 NAME	
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX 77019</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMSTRA SONIA W.</b>	3.2 NAME	
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX 77019</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERLACH III OTTO B.</b>	4.2 NAME	
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX 77019</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTESINO ORLANDO C.</b>	5.2 NAME	
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX 77019</b>	5.4 CITY - ST - ZIP	
TITLE	<b>TO</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELLERS KIMBERLY</b>	6.2 NAME	
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOUSTON TX 77019</b>	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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE *Sonia W. Hamstra* REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

713-522-1111

**Sonia W. Hamstra, President**