

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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002232 (4)**

1. Corporation Name  
**INFRESCO CORPORATION**



Principal Place of Business <b>1462 MAIN ST SARASOTA FL 34236</b>	Mailing Address <b>1462 MAIN ST SARASOTA FL 34236-5715</b>
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3. Date Incorporated or Qualified <b>05/03/1996</b>	3a. Date of Last Report
4. FEI Number <b>APPLIED FOR 65-0661435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1741 Main St.</b> Suite, Apt. #, etc. 22 <b>3rd FLOOR</b> City & State 23 <b>SARASOTA FL</b> Zip 24 <b>34236</b>	2a. Mailing Address 26 <b>1741 Main St</b> Suite, Apt. #, etc. 27 <b>3rd FLOOR</b> City & State 28 <b>SARASOTA FL</b> Zip 29 <b>34236</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 the, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC KUMAR, SANJAY 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DCS REICHBACH, ROY E 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCWADE, CHARLES P 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LETTMAN, DONNAT 1 COMPUTER ASSOCIATES PLAZA ISLANDIA NY 11788</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV PICKER, MICHAEL J 1462 MAIN ST SARASOTA FL 34236</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1741 Main St</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP WORTHINGTON, NORMAN 1462 MAIN ST SARASOTA FL 34236</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1741 Main St</b>

14. I do 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, on an attachment with an address.

SIGNATURE:  **WORTHINGTON, NORMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **2/20/97** Daytime Phone # **941 952 1617**

CR2E034 (9/96)