FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L22838** **(1)**

1. Corporation Name
INFINITY RESOURCES, INC.

Principal Place of Business	Mailing Address
9428 BAYMEADOWS RD. #108 JACKSONVILLE FL 32256 US	P.O. BOX 5248 P O BOX 5248 JACKSONVILLE FL 32247-5248 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/13/1989**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 **9428 BAYMEADOWS RD**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **SUITE 108**
City & State 23	City & State 28 **JACKSONVILLE, FL**
Zip 24 / Country 25	Zip 29 **32256** / Country 30 **U.S.A.**

4. FEI Number: **59-2976785** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAIKH, M ASHRAF **7901 BAYMEADOWS CIRCLE E #497** **JACKSONVILLE FL 32256**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) **10102 N. LEISURE LANE** 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 M. ASHRAF SHAIKH PRESIDENT — 4-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S/T/D	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	SHAIKH, M ASHRAF	1.2 NAME		
STREET ADDRESS	7901 BAYMEADOWS CIR #497	1.3 STREET ADDRESS	10102 N. LEISURE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		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)(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.

SIGNATURE: M. ASHRAF SHAIKH — 4/25/95 — 904/730-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040701 FF