

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90006 001 ***150.00

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|---|-------------|---|--|--|-----------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90006 001 ***150.00 | |
| DOCUMENT # L48894 | | | | | |
| 1. Corporation Name INFRA-RED SAUNA SYSTEMS, INC. | | | | | |
| Principal Place of Business 2200 SOUTH OCEAN BLVD DELRAY BEACH FL 33483 | | Mailing Address 2200 SOUTH OCEAN BLVD DELRAY BEACH FL 33483 | | DO NOT WRITE IN THIS SPACE  | |
| | | | | | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 GRASSANO & HOCKER 1515 IV. FEDERAL HWY | | 3. Date Incorporated or Qualified 02/05/1990 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 SUITE 210 | | A. FEI Number 65-0175333 | |
| City & State 23 | | City & State 28 BOCA RATON, FL. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent SCHONE, LARRY 50 S E FOURTH AVENUE DELRAY BEACH FL 33483 | | 29 33432 | | 30 PALM BEACH | |
| | | 10. Name and Address of New Registered Agent | | | |
| | | 81 Name | | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | 83 City | | | |
| | | | | 84 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | | |
| TITLE | NAME | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | | |
| TITLE | NAME | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | | |
| TITLE | NAME | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | | |
| TITLE | NAME | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | | |
| TITLE | NAME | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | 1.2 NAME | | | | Change Addition |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | 2.2 NAME | | | | Change Addition |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | 3.2 NAME | | | | Change Addition |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | 4.2 NAME | | | | Change Addition |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | 5.2 NAME | | | | Change Addition |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | 6.2 NAME | | | | Change Addition |
| 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: PAUL J. HECKER 3/25/99 800-226-8227 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |