


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTIER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE THIS STATE: \$750.)

FILED

Jul 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Miam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M20997 (6)
1. Corporation Name
INFULIS, INC.



Principal Place of Business
605 JAMES LEE RD.
FT. WALTON BEACH FL 32547
US

Mailing Address
107 CRISTINE CT
NICEVILLE FL 32578
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/24/1985	3a. Date of Last Report 07/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2783091	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. City	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRUDEAU, BERNARD JR. 107 CRISTINE CT NICEVILLE FL 32578	10. Name and Address of New Registered Agent
11. Name	
12. Street Address (P.O. Box Number is Not Acceptable)	
13. City	
14. 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 Bernard J. Trudeau DATE 7-18-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1. E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RICHARD A.	1.2. ME	
STREET ADDRESS	607 DONA AVE	1.3. FEET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	1.4. Y-ST-ZIP	
TITLE	VPS	2.1. E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUDEAU, BERNARD F. J	2.2. ME	
STREET ADDRESS	107 CRISTINE CT	2.3. FEET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	2.4. Y-ST-ZIP	
TITLE		3.1. E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. ME	
STREET ADDRESS		3.3. FEET ADDRESS	
CITY-ST-ZIP		3.4. Y-ST-ZIP	
TITLE		4.1. E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. ME	
STREET ADDRESS		4.3. FEET ADDRESS	
CITY-ST-ZIP		4.4. Y-ST-ZIP	
TITLE		5.1. E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. ME	
STREET ADDRESS		5.3. FEET ADDRESS	
CITY-ST-ZIP		5.4. Y-ST-ZIP	
TITLE		6.1. E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. ME	
STREET ADDRESS		6.3. FEET ADDRESS	
CITY-ST-ZIP		6.4. Y-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: Bernard J. Trudeau

9-18-97 9048643480

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