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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham 💤

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

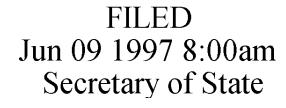
1. Corporation Name

(0)

INFOTRENDS, INC.

Principal Place of Business

Mailing Address





634 8 MILITARY TRAIL DEERFIELD BCH FL 33442 US		634 SOUTH MILITARY THAIL DEERFIELD BEACH FL 33442-3023 US		3. Date Incorporated or Qualified	3a. Date of Last Report	
					08/01/1988	04/26/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		[26]			65-0063704	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	a ´		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip C		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
FISH, ESTO LE				81 Name		
	S MAGARY TRAIL REFIELD BCH FL 33443		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
VEN	**		8	3		
				4 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, lyped or printed name of registered ag	ent and title if applicable. (NOTE	: Registered A	gont signature req	juired when reinstaling)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	VS □ DELETE 1.1		1.1 7(1)			☐ Change ☐ Addition
NAME	FISH, ESTELLE		1.2 NAM	E		
STREET ADDRESS	634 S. MILITARY TRL		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY	- ST - ZIP		
TITLE			2.1 1116			☐ Change ☐ Addition ☐
NAME	FORD, BARBARA		2.2 NAM	ŧ		
STREET ADDRESS	4119 N. S.R. 7		2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		2.4 CITY-ST-ZIP			
TITLE	DELETE		3.1 TITLE	1		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP		Driete		- ST - ZIP		
TITLE	DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAN			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change Addition
		ב שנניוני				Change [Addition]
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change Addition
NAME		L_I Dell'IL				CT CHANGE CT ADDITION
			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-51-ZP		

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 high followed to the eorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name