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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000064147 (0)

1. Corporation Name

INFAVISION, INC.



Principal Place of Business

3703 SWANN AVE
TAMPA FL 33609

Mailing Address

3703 SWANN AVE
TAMPA FL 33609

2. Principal Place of Business

21

Suite, Apt., #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt., #, etc.

27

City & State

28

Zip

Country

24

29

9. Name and Address of Current Registered Agent

MERIN, JEFFREY M
3703 SWANN AVE
TAMPA FL 33609

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, Florida Statutes, the above named corporation submits the 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 607.1504, Florida Statutes.

SIGNATURE

Jeffrey M. Merin, President

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

OFFICERS AND DIRECTORS

TITLE

PD

NAME

MERIN, JEFFREY M
3703 SWANN AVE
TAMPA FL 33609

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

MERIN, DIANE S
3703 SWANN AVE
TAMPA FL 33609

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 state in Section 119.07(3)(b), 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:

Jeffrey M. Merin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (813) 871-5220

CR2E034 (12/95)