


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000088255 (3)			
1. Corporation Name INFUSION, INC.			
Principal Place of Business 10234 N.W. 47TH ST. SUNRISE FL 33351 US 3601 W. Commercial Blvd. Suite #18 Ft. Lauderdale FL 33309		Mailing Address 10234 N.W. 47TH ST. SUNRISE FL 33351-7870 US 3601 W. Commercial Blvd. Suite #18 Ft. Lauderdale FL 33309	
2. Principal Place of Business 21 3601 W. Commercial Blvd. Suite #18		2a. Mailing Address 26 3601 W. Commercial Blvd. Suite #18	
23 Fort Lauderdale, FL.		28 Fort Lauderdale FL.	
24 33309		29 33309	
25 US		30 US	
9. Name and Address of Current Registered Agent MOORE, BRUCE 4050 NW 35TH WAY 4050 NW 47TH ST. SUNRISE FL 33351			
10. Name and Address of New Registered Agent 81 Name Moore, Bruce 82 Street Address (P.O. Box Number is Not Acceptable) 4050 NW 35 WAY 83 84 City Lauderdale Lakes FL 85 Zip Code 33309			
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 Denise Medina Vice President 3-11-97 <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			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME MOORE, BRUCE			
1.3 STREET ADDRESS 4050 NW 35TH WAY			
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33309			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME DS			
2.3 STREET ADDRESS MEDINA, DENISE			
2.4 CITY-ST-ZIP 5264 N.E. 4TH TERRACE			
2.5 CITY-ST-ZIP FT. LAUDERDALE FL			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-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: Denise Medina Denise Medina 3-11-97 954-7148400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



CR2E034 (9/96)