## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #  1. Corporation Name	P94000001579	(9)
INCINITY CONTROL	INC	

INFINITY CONTROL, INC.									
Principal Place	of Business	 M	lailing Address						
3191 CORAL STE. 900 MIAMI FL 33 US			3191 CORAL WAY STE. 900 MIAMI FL 33145 US			3. Date incorporated or Qualified	3a. Date		
2. Principal Pla	one of Pusinger		NA-TT- A I I			01/05/1994	04	1/26	/1995
2. Fillicipai Fia 21	ice of Business	2a 26	, Mailing Address			4. FE! Number		-	Applied For
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			65-0462037		¢Ω	.75 Additional
22		27				5. Certificate of Status Desired			ee Required
City & State		ļ	City & State			6. Election Campaign Financing		\$!	5.00 May Be
<b>23</b>   Zip	Country	28		. 1		Trust Fund Contribution		Α	dded to Fees
24	Country 25	29	Zip	Gounth 30	y	8. This corporation has liability for i	ntangible tax	: unde	ors 199.032,
	9. Name and Address of Cur		tered Agent			10. Name and Address of New R		nent	
				81	Name		9.00.00	90	
GARVET	T, FREDRIC M ESQ.			82	Ptroot Add	ress (P.O. Box Number is Not Acceptable			
	W. 27TH AVENUE			62	Street Abdi	ress (F.O. BOX Normber is Not Acceptable	10)		
	OVE VILLA			83					
COCON	UT GROVE FL 33133			84	City			85	Zip Code
11 Devocable	the president of Casting 1907 Of	00	7.1500 5: 11.0		'	ration submits this statement for the purp	<u> </u>		1.5
SIGNATURES	if, and accept the obligations of, S	jed and think	U5U5, Florida Statutes	ea by the corp S. TE Registered Age		ration submissions this statement for the purp rd of directors. Thereby accopt the appo	DATE	egist€	ered agent. I am
12.	OFFICERS A	AND DIREC		13.	·	ADDITIONS/CHANGES TO OFFI	CERS AND I	DIFIE (	CTORS IN 12
TITLE	POANDT DODEDT		☐ DELETE	1 1 THILE				) Chan	ge 🔲 Addition
STREET ADDRESS	Brandt, Robert 3191 Coral Way #900			12 NAME					
CITY-ST-ZIP	MIAMI FL				I ADDRESS				
TITLE	III/IIII I C		[7] DELETE	2 1 T/TLE	51 - 711'			Char	ge
NAME				2.2 NAME				-	
STREET ADDRESS				2 3 STREET	I ADDRESS				
CITY-ST-ZIP				2.4 CO Y - S	\$1 - ZIF				
TIFLE			DELETE	3. 1 THEF				Chan	ge 🔲 Addition
NAME STREET ADDRESS				3.2 NAME					
CiTY-SI-ZiP					I ADDRESS				
TILE			DELETE	3.4 CITY - 5 4 1 TITLE	21-71-			Chan	ge  Addition
NAME				4.2 NAME				O-Idii	go
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY+ST-ZIP				4.4 CHY-5	ST ZIP				
TITLE			DELETE	5 1 TITLE				Chan	ge 🔲 Addition
NAME				5.2 NAME					
STREET ADDRESS				53STREET					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY S	ST-ZIP			Cnoo	The same of
NAME			beere	6 2 NAME			kl	Chan	ge
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				64 CI!Y-S					
oath; that L	ne ilionnalion molcaled da mis ar	nuai repor poration or	i or supplemental ann the receiver or truste	ished and doe ual report is true e empowered	s not qualify for seand accura- to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flor	anna lacat at	(6 a a b a	
SIGNATU	JRE: SIGNATURE AND EMPEO	OR PRINTED	NAME OF SIGNING OFFICE	S RES.	Kober	17 Brandt 3/21/91	o yu	(8	5704