

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

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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000017804 (3)**

1. Corporation Name
INFINITI OF BROWARD, INC.



Principal Place of Business 5880 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL	Mailing Address 5880 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33067-7007
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2. Principal Place of Business 21 551 S. MILITARY TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 551 S. MILITARY TRAIL Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 04/15/1996
22 City & State 23 WEST PALM BEACH, FL. Zip Country 24 33415 25 USA		27 City & State 28 WEST PALM BEACH, FL. Zip Country 29 33415 30 USA		4. FEI Number 65-0472328	Applied For Not Applicable
2. Principal Place of Business 21 551 S. MILITARY TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 551 S. MILITARY TRAIL Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State 23 WEST PALM BEACH, FL. Zip Country 24 33415 25 USA		27 City & State 28 WEST PALM BEACH, FL. Zip Country 29 33415 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 551 S. MILITARY TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 551 S. MILITARY TRAIL Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMPSON, DOUGLAS E 551 SOUTH MILITARY TRAIL SUITE 6 WEST PALM BEACH FL 33415		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4524 GUN CLUB ROAD 83 SUITE 101 84 City WEST PALM BEACH 85 Zip Code FL 33415	
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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  **Douglas E. Thompson** 03/19/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STALUPPI, JOHN 551 S MILITARY TRAIL W PALM BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALUPPI, JEANETTE 551 S MILITARY TRAIL W PALM BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **John Staluppi** 03/19/97 (561) 683-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0147804

CR2E034 (9/96)