

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000017804 (3)**  
 1. Corporation Name  
**INFINITI OF BROWARD, INC.**



Principal Place of Business <del>551 S MILITARY TRAIL</del> <del>WEST PALM BEACH FL 33415</del> <del>46</del>	Mailing Address <del>551 S MILITARY TRAIL</del> <del>WEST PALM BEACH FL 33415</del> <del>46</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4524 GUN CLUB ROAD</b> Suite, Apt. #, etc. <b>22 SUITE 101</b> City & State <b>23 WEST PALM BEACH, FL</b> Zip Country <b>24 33415 25 USA</b>	2a. Mailing Address <b>26 4524 GUN CLUB ROAD</b> Suite, Apt. #, etc. <b>27 SUITE 101</b> City & State <b>28 WEST PALM BEACH, FL.</b> Zip Country <b>29 33415 30 USA</b>
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3. Date Incorporated or Qualified <b>03/08/1994</b>	4. FEI Number <b>65-0472328</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**THOMPSON, DOUGLAS E.**  
**4524 GUN CLUB ROAD**  
**SUITE 101**  
**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)	83	84 City	85 Zip Code
				<b>FL</b>

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** **01/28/98**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

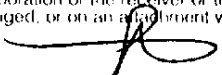
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STALUPPI, JOHN <del>551 S MILITARY TRAIL</del> <del>W PALM BEACH FL</del>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STALUPPI, JEANETTE <del>551 S MILITARY TRAIL</del> <del>W PALM BEACH FL</del>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4524 GUN CLUB RD STE 101 WEST PALM BEACH, FL. 33415
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4524 GUN CLUB RD STE 101 WEST PALM BEACH, FL. 33415
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 amendment with an address

SIGNATURE:  **JOHN STALUPPI,**  
**PRESIDENT** **01/28/98 (561) 680-0550**

CR2E034 (10/97)