## 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 #

P94000025645 (0)

INFINITY INVESTIGATIONS, INCORPORATED

Principal Place	SUITE 1080-19 WINTER PARK FL 32792  Principal Place of Business  2a. Mailing Address 26 Suite, Apt. #, etc.  City & State  City & State  Zip  Country  25  9. Name and Address of Current Registered Agent  SWEEK, STEWART W  3440 IDLEGROVE COURT ORLNDO FL 32822  D. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute or registered agent, or both, in the State of Florida Such change was authorize familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Signature, byted or prince have chrombed agent as a file flagsback is 3621  OFFICERS AND DIRECTORS  IF SWEEK, STEWART W.  3440 IDLEGROVE CT. ORLANDO FL  GE ME REET ADDRESS In ST. ZIP  LE ME REET ADDRESS IN ST. ZIP  CE REET  CE ME REET  CE				BYRK ADDIN DALIM FINDE ANNIN BYRNY MYDDY MYNY YNDR
SUITE 1093	-19	• • • • • • • • • • • • • • • • • • • •			
WINIER FARR FL J2/32		WINTER FARA FL	32132	3. Date incorporated or Qualified 04/01/1994	3a. Date of Last Report 05/01/1995
2. Principal Place	ce of Business	F¬ ~		4. FEI Number 59-3239627	Applied For Not Applicable
Suite, Apt. #	, etc	<b>├</b> ─¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	F 1.7%	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>I</sub> p <b>24</b>	— ·	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New F	legistered Agent
3440 [	DLEGROVE COURT		82 Street A	Address (P.O. Box Number is Not Acceptate 5 5 Screens B	ole)
			84 City دنب	week Park	FL 85 Zip Code 32792
or registere	d agent, or both, in the State of Florid	da. Such change was author	ized by the corporation's t	poration submits this statement for the purporated of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _		and the latest and th	Offic fingstered Agent agnature re	na de la companya de	
12.			13.		ICERS AND DIRECTORS IN 12
TITLE	P			P	Change Addition
NAME	SWEEK, STEWART W.	•	1.2 NAME	Sanders, Kathlee	ICERS AND DIFFECTORS IN 12  ACCHANGE Addition  ACCHANGE Addition  ACCHANGE Addition  ACCHANGE Addition  ACCHANGE Addition  ACCHANGE ACCHANGE  ACCHANGE ACCHANGE  ACCHANGE ACCHANGE  ACCHANGE ACCOUNTY  ACCOUNTY
STREET ADDRESS			1.3 STREET ACCRESS	1025 S. Semoran B Winder Park, PL 3	3120,50ite 1093 🛚 🖺
CITY - S1 - ZIP	ORLANDO FL		1.4 CHT+ ST-ZIP	Winder Park, FL 3	<u> ၁79ခ်</u> မြူ
THEE		☐ DELETE	2 1 Tirc€		Change Addition
NAME			: 22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
TITLE			24 CHY ST ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3 1 TITUE 3 2 NAME		☐ Change ☐ Abdillor1
1			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE		□ DELETE	4 1 TIFLE		Change Addition
NAME		<u></u>	4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 City - St. ZiP		
TITLE		☐ DELETE	5 1 THLE		Change Addition
NAME		<u></u>	5 2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 C(1Y - ST - Z)P		
TIT.E		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
C(1 Y - S1 - 2)P			6 4 CITY - ST - ZIF		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quidity for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 407-679-8866 Date: Deptine Plane 1