

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000018691 (2)
 1. Corporation Name
INFINGER CONSTRUCTION COMPANY OF FLORIDA, INC.



Principal Place of Business 3970 RCD BLVD #7005 PALM BEACH GARDENS FL 33410	Mailing Address P.O. BOX 32776 PALM BEACH GARDENS FL 33420
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15164 Beach Place N. Suite, Apt. #, etc. 22 23 Loxahatchee, FL City & State 24 33470 25 U.S.A. Zip Country 26 27 City & State 28 29 Zip Country 30		3. Date Incorporated or Qualified 03/06/1995 4. FEI Number 65-0559255 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent INFINGER, THERESA D 3970 RCA BLVD #7005 PALM BEACH GARDENS FL 33410	10. Name and Address of New Registered Agent 81 Name THERESA D. INFINGER 82 Street Address (P.O. Box Number is Not Acceptable) 15164 88th Place N. 83 84 City Loxahatchee FL 85 Zip Code 33470
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INFINGER, THERESA D		1.2 NAME INFINGER, THERESA D.	
STREET ADDRESS 15125 82ND ST N		1.3 STREET ADDRESS 15164 88th Place North	
CITY-ST-ZIP ROYAL PALM BEACH FL 33470		1.4 CITY-ST-ZIP Loxahatchee, FL 33470	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIMER, TIM M		2.2 NAME	
STREET ADDRESS 307 3RD LN		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INFINGER, CHARLES W		3.2 NAME	
STREET ADDRESS 3991 ISLAND CLUB CIR E		3.3 STREET ADDRESS	
CITY-ST-ZIP LANTANA FL 33462		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE _____ DATE **1/5/98 571-795-7178**

CR2E034 (10/97)