

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 Benth Place N. Suite, Apt. #, etc. 22 City & State 23 Loxahatchee, FL Zip 24 33470 Country 25 U.S.A.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/06/1995
		4. FEI Number 65-0559255		Applied For 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

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 Benth 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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

CR2E034 (10/97)

1/5/98 571-795-7678