

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

FILED
Apr 28 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P96000029359 (2)**

1. Corporation Name
INFINITY SOFTWARE, INC.



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| Principal Place of Business 659 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH FL 32937 | Mailing Address 659 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH FL 32937-9049 |
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|--|---------------|---------------------------------------|---------------|---|--|
| 2. Principal Place of Business 21 SAME | | 2a. Mailing Address 26 SAME | | 3. Date Incorporated or Qualified 03/29/1996 | 3a. Date of Last Report FIRST TIME |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3375628 | Applied For <input type="checkbox"/> Not Applicable |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent SANTORE, MICHAEL A 526 SACRE COEUR DR MELBOURNE FL 32935 | | | | 10. Name and Address of New Registered Agent 81 Name NAREN C. SHAH 82 Street Address (P.O. Box Number is Not Acceptable) 659 LOGGERHEAD ISLAND DR. 83 84 City SATELLITE BEACH FL 85 Zip Code 32937 | |
| 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: <i>Naren C. Shah</i> (NOTE: Registered Agent signature required when re-registering) DATE: 4.22.97 | | | | | |

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|----------------------------|------------------------------------|---------------------------------|--|---|--------------------|--|-----------------------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | VP, P, T, S | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHAH, NAREN C | | | 1.2 NAME | | | |
| STREET ADDRESS | 659 LOGGERHEAD ISLAND DRIVE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| 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 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: *Naren C. Shah* (NAREN C. SHAH) 2-16-97 407-773 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0104779

CR2E034 (9/96)