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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000029359**1. Corporation Name

INFINITY SOFTWARE, INC.

Principal Place of Business

Mailing Address

659 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH FL 32937

659 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH FL 32937

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90047 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

		,				03/29/1990			
2. Princi	pal Place of Business	2a, 1	Mailing Address			4. FEI Number	A	pplied For	
21		26				59-3375628	N	ot Applicable	
Suite,	Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22	27					5. Certifcate of Status Desired		equired	
	City & State City & State				6. Election Campaign Financing				
23	•	28	• • • • • • • • • • • • • • • • • • • •			Trust Fund Contribution	•	May Be	
Zip	Country Zip			Country	,			to Fees	
—— ·			<b>—</b>		8. This corporation owes the current year Inta				
24	[25]	29		30			Yes	□No	
-	9. Name and Address of Curren	t Registe		81	1	10. Name and Address of New Registered A	gent		
CHALL MADEN C					Name	•			
SHAH, NAREN C					Street	t Address (P.O. Box Number is Not Acceptable)			
659 LOGGERHEAD ISLAND DR				*-	82 Street Address (P.O. Box Number is Not Acceptable)				
SATELLITE BEACH FL 32937				83					
	•						11 11	1 1 1 2 3 3 3 1	
2	~			84	City		85 Zip	Code *	
<u> </u>		:.		<u> </u>	<u> </u>	<u> </u>			
.11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's hoard of directors. I hereby except the appointment as registered									
.11. Pursuant to the provisions of Sections 607.0502 and 607.1506. 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 VIEWSHED									
JIGNAIN	Signature, typed or printed name of registered agent	t and title if a	pplicable. (NOTE:	Registered Agen	it signature i	required when reinstating). DATE		<del></del>	
12.	OFFICERS ANI	D DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE	VPTS		☐ DELETE	1.1 TITLE		19 77 - 11 .	☐ Change	Addition	
NAME	SHAH, NAREN C			1.2 NAME			_ •	_	
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		IVE		1.3 STREET					
CITY-ST-ZIP	SATELLITE BEACH FL			1.4 CITY-\$	r-ZIP				
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NAME			*	2.2 NAME					
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						•			
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	aree .			5.3 STREET	ADDRESS			<b>4</b> 3	
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NAME *				6.2 NAME		·		. [	
STREET ADDI	RESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	_			6.4 CITY-ST	-ZIP	<u>:</u>			
	by cartify that the information carplied with	thie filing	a door not qualify for			d in Section 119.07(3)(i) Florida Statutos I further contil			

received under the information segment with this filing does not quality 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, with all other like empowered.