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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000031413 (3)**

1. Corporation Name
INFINITY GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
1525 S. ANDREWS AVENUE SUITE 216 FT. LAUDERDALE FL 33316	1525 S. ANDREWS AVENUE SUITE 216 FT. LAUDERDALE FL 33316-2548

3. Date Incorporated or Qualified: 04/05/1996
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business
21 25400 HWY 19N.
Suite, Apt. #, etc.
22 SUITE 259
City & State
23 CLEARWATER
Zip 24 34623 Country 25 PINELLAS

2a. Mailing Address
26 25400 Hwy 19 N.
Suite, Apt. #, etc.
27 SUITE 259
City & State
28 CLEAR WATER
Zip 29 34623 Country 30 PINELLAS

4. FEI Number: 59-3372757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVENUE
SUITE 216
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: STEPHEN ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable): 31790 HWY 19 N.
83: APT # 197
84 City: PALM HARBOR FL 85 Zip Code: 34684

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] STEPHEN ALEXANDER 1-23-97
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME			1.2 NAME	TINA M. WENINGER ALEXANDER	
STREET ADDRESS			1.3 STREET ADDRESS	31790 HWY 19 N. APT 197	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	PALM HARBOR, FL, 34684	
TITLE		☐ DELETE	2.1 TITLE	S/T	☐ Change ☐ Addition
NAME			2.2 NAME	ROBERT EVERDING	
STREET ADDRESS			2.3 STREET ADDRESS	9104 SACREMENTO DR.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL, 34655	
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME			3.2 NAME	STEPHEN ALEXANDER	
STREET ADDRESS			3.3 STREET ADDRESS	31790 HWY 19 N. APT 197	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PALM HARBOR, FL, 34684	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] STEPHEN ALEXANDER 1-23-97 (813)799-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #