

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

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000035285 (1)

1. Corporation Name
INFINITY TIRE TECHNOLOGY, INC.

Principal Place of Business
**3067 E. COMMERCIAL BLVD.
SUITE 201
FT. LAUDERDALE FL 33308**

Mailing Address
**3067 E. COMMERCIAL BLVD.
SUITE 201
FT. LAUDERDALE FL 33308-4311**

FILED
97 JUN -2 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1996		3a. Date of Last Report —	
21	1402 E. Las Olas Blvd.	26	1402 E. Las Olas Blvd.	4. FEI Number 65-0665769		Applied For Not Applicable	
22	Suite, Apt. #, etc. # 501	27	Suite, Apt. #, etc. # 501	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	City & State FORT LAUDERDALE FL.	28	City & State FORT LAUDERDALE, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Zip 33301	25	Country USA	29	Zip 33301	30	Country USA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent SCHWARTZ, HOWARD D. ECKERT SEAMANS CHERIN & MELLOTT 100 N.E. 3RD AVE. FT. LAUDERDALE FL 33301				10. Name and Address of New Registered Agent 81 Name NURAMBERG, WILLIAM R. 82 Street Address (P.O. Box Number is Not Acceptable) ECKERT SEAMANS CHERIN & MELLOTT 83 701 Brickell Ave. 18th Floor 84 City MIAMI FL 85 Zip Code 33131			
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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 **WILLIAM NURAMBERG, REGISTERED AGENT** DATE **4-29-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, RICHARD	1.2 NAME	KURTZ, RICHARD
STREET ADDRESS	2800 S. OAKLAND FOREST, #2202	1.3 STREET ADDRESS	801 SOUTH FEDERAL HIGHWAY #608
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	ADRIANO BEACH, FLORIDA 33062
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HARRIGAN, SHEILA	2.2 NAME	
STREET ADDRESS	1402 E. LAS OLAS BLVD., #501	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	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
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 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.

SHEILA HARRIGAN 4/30/97 954-
Bank 173.75

CR2E034 (9/96)