

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000004861 (5)

1. Corporation Name
INFINITI CREDIT, INC.



Principal Place of Business Mailing Address
10318 CARROLLWOOD LANE, SUITE 66 10318 CARROLLWOOD LANE, SUITE 66
TAMPA FL 33618 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10318 Carrollwood Lane		26 10318 Carrollwood Ln.		01/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 66		27 Suite 66		59-3420704	
City & State		City & State		Applied For	
23 Tampa FL		28 Tampa FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33618		29 33618		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A.		30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name Jill E. Tappen
82 Street Address (P.O. Box Number is Not Acceptable) 10318 Carrollwood Lane
83 Suite 66
84 City Tampa FL 85 Zip Code 33618

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 *Jill E. Tappen* *Jill E. Tappen - President* 4-22-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPPEN, JILL E	12 NAME	
STREET ADDRESS	10318 CARROLLWOOD LANE, SUITE 66	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDLITZ, JEFFREY	22 NAME	Jill Tappen
STREET ADDRESS	10318 CARROLLWOOD LANE, SUITE 66	23 STREET ADDRESS	10318 Carrollwood Ln. Suite 66
CITY-ST-ZIP	TAMPA FL 33618	24 CITY-ST-ZIP	Tampa FL 33618
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE *Jill E. Tappen - President* 4-22-98 (813)

CR2E034 (10/97)