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 # P97000097748

Corporation Name
 INFOCOLD INC

INFOGOLD, INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90063 027 ***158.75



<u> </u>						o ni 1 00 11 7 01 61	01001 1811 1881	
Principal Place of Business Mailing Address								
2910 OSLO AVENUE 2910 OSLO AVENUE								
COOPER CITY FL 33026 COOPER CITY FL 33026					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	OI AGE	.,~	1
					11/17/1997			1
2. Principal P	2a. Mailing Address			4. FEI Number	Δ	plied For	┨	
· ·	ace of Equitiess	26			65-0795374	<u> </u>	t Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.			- /		Additional	1
22	A, 5.6.	27			5. Certifcate of Status Desired		equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Counti	у	8. This corporation owes the current year Int.	angible		1
24	25	29	30		Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent	d Agent		10. Name and Address of New Registered Agent			
	500 0411		8	Name	-			-
	ERS, PAUL		8	2 Street	Address (P.O. Box Number is Not Acceptable)			1
	OSLO AVENUE			0001	, , , , , , , , , , , , , , , , , , ,			
000	PER CITY FL 33026		8	3				}
			8	4 City	······································	85 Zip	Code	1
					_ FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-named	corporation submits this statement for the purpose of	changing its	registered	ĺ
	egistered agent, or both, in the State m familiar with, and accept the obliga				oration's board of directors. I hereby accept the appoin	muein as re	gisiereu	
SIGNATURE						•		
	Signature, typed or printed name of registered age		_ <u></u>	ent signature	required when reinstating) DATE			وَ ا
12.	OFFICERS AND DIRECTORS		13.		'ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	☐ Addition	
TITLE	WATER CHILAN	☐ DELETÉ	1.1 TITLE			Criange		1 5
NAME WATER, GILLIAN			1.2 NAME					}
STREET ADDRESS 2910 OSLO AVENUE			1.3 STREET A					6
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CITY-			Change	- Addition	1 8
TITLE	D - O	- :	2.1 TITLE		Bulling Oliv	Change	- Addition	`
NAME	WATERS PAUL	NATERS PAUL 22N PIO OSLO AVENUE 238 240 240			PWATERS PAUL 29100510 AVENUE COOPER CHRY Fr 33026			Ì
STREET ADDRESS 2910 OS LO AVENUE 2		221	2.3 STREET ADDRESS		29100510 AVENCE			
	COOPER CITY FL 33036		2. 4 CITY	ST-ZIP	Cooke Cory Fr 35006	☐ Change	☐ Addition	-
TITLE			3.1 TITLE		f	☐ Change	☐ ¥0000011	
NAME			3.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	DELETE		3.4 CITY			Change	Addition	┨
TITLE			4.1 TITLE		,	□ Change	☐ Addition	
NAME			4. 2 NAMI				,	
STREET ADDRESS			4.3 STRE	ET ADDRESS				}
CITY-ST-ZIP			4.4 CITY-			Change	☐ Addition	-{,
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS			سمنستنت	-
CITY-ST-ZIP		□ nr. e	5.4 CITY-			Channe	☐ Addition	$\frac{1}{2}$
TITLE		☐ DELETE	61 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					1
STREET ADDRESS				ET ADDRESS				

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

99