### 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 # P9800038981

1. Corporation Name

INFANDE ASSOCIATES, INC.

# FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90060 034 \*\*\*150.00



City & State   City &										
DELRAY BEACH FL 33445   DELAY BEACH FL 33445   DELETE   STANDED   DELETE	Principal Place of Business Mailing Address							) (811 <b>8</b> 1819)	(bid) iist iost	
Principal Place of Business   2a Marting Address   2a Marting Apt. #, etc.   5b. Certificate of Status Desired   58.75 Additional Free Required   58	14592 SUNSET PINES DRIVE 14592 SUNSET PINES DRIVE						. DO NOT WRITE IN THIS SPACE			
Sulfo, Apt. #, etc.							· .			
City & State	<u> </u>						65-0906121	Not Applicable		
Zp							5. Certificate of Status Desired	Fee Re	quired	
25   29   30   Personal Property Tax.   Seg   No			— ·	28			Trust Fund Contribution Added to Fees			
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Remit   14592 SUNSET PINES DRIVE   85   Sirvest Address (P.O. Box Number is Not Acceptable)   82   Sirvest Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zip Code   84   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   Zip Code   84   City   FL   85   Zip Code   85   Z							□No			
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14-SP2 SUNSET PINES DRIVE DELRAY BEACH FL 33445  15. 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 opinition 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 are registered opinition or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.	INCANDE ALBERT I				•	Name				
B4   City   FL   85   Zip Code	14592 SUNSET PINES DRIVE				Ĺ	Street Addre	ess (P.O. Box Number is Not Acceptable)			
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 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, 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 agen	UELF	MY DEACH IL 33443			83					
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Signature, typed or printed reamy of registered agent and site if applications   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N. 12.	office or re	anistered agent or both in the State	pration submits this statement for the purpose of chain's board of directors. I hereby accept the appointm	anging its ent as re	registered gistered					
12.	SIGNATURE									
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					t signature required		DIRECTO	RS IN 12	
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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 is true and excurate 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:

Daytime Phone #