


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

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

02-26-1999 90073 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000043106		
1. Corporation Name INFINITI PAINT CO., INC.		

Principal Place of Business 6500 SUTTON COURT PARKLAND FL 33067	Mailing Address 6500 SUTTON COURT PARKLAND FL 33067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4100 N. POWERLINE RD. Suite, Apt. #, etc. 22 G-2 City & State 23 POMPANO BEACH, FL Zip 24 33073		2a. Mailing Address 26 4100 N. POWERLINE RD. Suite, Apt. #, etc. 27 G-2 City & State 28 POMPANO BEACH, FL Zip 29 33073		3. Date Incorporated or Qualified 05/13/1998		4. FEI Number 65-0849310 Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 BROWARD		30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STORFER, RICHARD B ESQ. KIPNIS, TESCHER, LIPPMAN & VALINSKY ONE FINANCIAL PLAZA, SUITE 2308 FORT LAUDERDALE FL 33394				10. Name and Address of New Registered Agent 81 Name RICHARD B. STORFER ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 100 NE 3rd Avenue 83 Suite 610 84 City FT. LAUDERDALE FL 85 Zip Code 33301			
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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 **RICHARD B. STORFER** DATE **2-3-99**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D RICHARD ZEGELBONE
STREET ADDRESS		1.3 STREET ADDRESS	925 VAN BUREN ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/T/D JON PALMISCIANO
STREET ADDRESS		2.3 STREET ADDRESS	11101 ROYAL PALM BLVD. #218
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D DAVID ZILUCK
STREET ADDRESS		3.3 STREET ADDRESS	6500 SUTTON COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PARKLAND, FL 33067
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 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: **Jon Palmisciano** DATE **2-3-99** (954) 972-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)