**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000093806

1. Corporation Name

INFINITY WHOLESALE PRODUCTS, INC.

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 042 \*\*\*150.00



<del></del>				
Principal Place	e of Business	Mailing Address		
21422 WOODCH		21422 WOODCHUCK LANE		
BOCA RATON FL 33428		BOCA RATON FL 33428		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				11/03/1998
- D:-::- (D)	A Desiration	On Mailing Address		
<b>一 うち</b> い	ace of Business	Nai A3/28 Barwa	and PKI	1 65-0875119 Not Applicable
· · · · · · · · · · · · · · · · · · ·			JUG I TO FI	\$8.75 Additional
Suite, Apt. #Jetc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22 (1) 11		City & State		
23 Boca Raton 7L		28 BOCA Raton PL		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip _ //	Country	701/00 -	Country (	8. This corporation owes the current year Intangible
24 334 3 25 USA 29 337 30			u 57	Personal Property Tax.
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registers d Agent
81 Name 10 10 10 10 10 10 10 10 10 10 10 10 10				
WAINLAND, JEREMY				Acidress (P.O. Bp) Number is Not Acceptable)
21422 WOODCHUCK LANE			82 Street	128 Barwood PK -N Uni -
BOCA RATON FL 33428			83 (2 - 0	1 Polar
			1200	CA NATON
			84 City	FI   85   32 27/28
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.				
SIGNATUFE				
	Signature, typed or printed na ne of registered agen			agi ired when reinstating)  DATE  APPLICATIONS (CHANGES TO DEFICE S. NID DIDECTORS IN 12)
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	SDVT		1.1 TITLE	Wainland Jeremy Unite Addition
NAME	WAINLAND, JEREMY		1.2 NAME	10170 Garwood PKLN White
STREET ADORE 3S	21422 WOODCHUCK LANE		1.3 STREET ADDRESS	Wainland, Jeremy 23/28 Barwood PKLN Unit C 23/28 Barwood PKLN Unit C 23/28 Barwood PKLN Unit C
CITY+ST-ZIP	BOCA RATON FL 33428	- <del>_</del>	1.4 CITY-ST-ZIP	1500a. Raid 1010 1 2 3 1 2 3
TITLE	P	☐ DELETE	2.1 TITLE	Wainland, Jereny Khange Addition 123/28 Barwood PK LN Unite
NAME	Wainland, Jeremy	T I	2.2 NAME	David Barrixood PKLN Unit
STREET ADORE 3S	21422 WOODCHUCK LANE		2.3 STREET ADDRESS	12720 041
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP	Boca Raton FL 334 3
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		l l	3.2 NAME	
STREET ADDRESS		Ī	3.3 STREET ADDRESS	
CITY-ST-ZIP		4	3.4. CITY-ST-ZIP	
TITLE			4.1 TITLE	☐ Change ☐ Addition
NAME		· ·	4. 2 NAME	
			4.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		_ <del></del>	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE			5.1 IIILE 5.2 NAME	
NAME i		<b>S</b>		
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Clarge C Addition
TITLE			6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
OTV ST 7ID			64 CITY-ST-ZIP	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further contributes 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR