FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S43905** **(6)**

1. Corporation Name

INFUSERVE AMERICA, INC.

Principal Place of Business

3193 TECH DR N
ST PETERSBURG FL 33716-1006
US

Mailing Address

3193 TECH DR N
ST PETERSBURG FL 33716-1006
US

3. Date Incorporated or Qualified: **04/09/1991**

3a. Date of Last Report: **09/19/1995**

4. FEI Number: **59-3059261** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAZARIAN, DAVID W
3193 TECH DR.
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAZARIAN, DAVID W.		1.2 NAME	
STREET ADDRESS	12920 AUTOMOBILE BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, PATTI		2.2 NAME	
STREET ADDRESS	43 CHENEY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON CT		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MACHBITZ, JACK		3.2 NAME	
STREET ADDRESS	12920 AUTOMOBILE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KAZARIAN, NANCY		4.2 NAME	
STREET ADDRESS	12920 AUTOMOBILE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARTH, MINDY (ASST SECY)		5.2 NAME	
STREET ADDRESS	12920 AUTOMOBILE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HORVATH, BILL		6.2 NAME	
STREET ADDRESS	6-H LILLY POND LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE NY		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I/We hereby certify that the information supplied with this filing is complete, current, and 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 added in connection with my address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE