

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

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90056 025 \*\*\*150.00

DOCUMENT # S43905

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1991

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME KAZARIAN, DAVID W.  
STREET ADDRESS 12920 AUTOMOBILE BLVD.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME THOMPSON, PATTI  
STREET ADDRESS 49 CHENEY LANE  
CITY-ST-ZIP NEWINGTON CT

TITLE ☒ DELETE

NAME MACHBITZ, JACK  
STREET ADDRESS 12920 AUTOMOBILE BLVD.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME KAZARIAN, NANCY  
STREET ADDRESS 12920 AUTOMOBILE BLVD.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME BARTH, MINDY (ASST SECY)  
STREET ADDRESS 12920 AUTOMOBILE BLVD  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME HORVATH, BILL  
STREET ADDRESS 611 LILLY POND LANE  
CITY-ST-ZIP MONROE NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date.

Daytime Phone #

CR2E034 (1/1/98)