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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

INFINITY PREMIUM FINANCE CORPORATION

**FILED** Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6651 PEMBROKE RD 6651 PEMBROKE RD PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1992 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 3635 PO BOX 26 65-0384933 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be <u>Ho</u>llywood Trust Fund Contribution 23 Added to Fees Broward Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ No 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AHMED, FAISAL Y. 6651 PEMBROKE RD R2 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33023 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition TITLE 1.1 TITLE AHMED, FAIŞAL Y 1.2 NAME NAME 6651 PEMBRAKE RD STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33023 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 7.4 UTTY - ST - ZIP DELETE 3.1 TITLE Addition ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change 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.

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