

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 26 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000056277 (4)**

1. Corporation Name  
**INFINITEL, INC.**

Principal Place of Business Mailing Address  
**1759 ALTA VISTA STREET SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/28/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0532835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>240 S. Pineapple Avenue</b>	26 <b>Post Office Box 49528</b>
Suite, Apt. #, etc. 22 <b>Suite 855</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Sarasota, FL</b>	City & State 28 <b>Sarasota, FL</b>
Zip 24 <b>34236</b>	Country 25 <b>Sarasota</b>
Zip 29 <b>34230</b>	Country 30 <b>Sarasota</b>

9. Name and Address of Current Registered Agent <b>MALKIN, JOHN C 1750 ALTA VISTA STREET SARASOTA FL 34236</b>	10. Name and Address of New Registered Agent
	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City <b>FL</b> B5 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 (used to printed name of registered agent where title is applicable) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALKIN, JOHN C</b>	1.2 NAME	
STREET ADDRESS	<b>1759 ALTA VISTA STREET</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>SARASOTA FL 34236</b>	1.4 CITY - ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert A. Malkin</b>	2.2 NAME	
STREET ADDRESS	<b>240 S. Pineapple Avenue, Suite 855</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>Sarasota, FL 34236</b>	2.4 CITY - ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY - ST ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address

SIGNATURE: *[Signature]* **ROBERT A. MALKIN** **4-20-95** *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System 3/28/95)