

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
 Feb 26 1999 8:00 am
 Secretary of State

DOCUMENT # P94000056277

1. Corporation Name
INFINTEL, INC.

Principal Place of Business Mailing Address
240 S. PINEAPPLE AVE. P.O. BOX 49528
STE. 855 SARASOTA FL 34230
US

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip Country					Zip Country				

9. Name and Address of Current Registered Agent

MALKIN, JOHN C
240 SOUTH PINEAPPLE AVENUE SUITE 855
SARASOTA FL 34236

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[] DELETE	11 TITLE	[] Change	[] Addition
NAME	MALKIN, JOHN C		12 NAME		
STREET ADDRESS	240 SOUTH PINEAPPLE AVENUE SUITE 855		13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP		
TITLE	D	[] DELETE	21 TITLE		
NAME	MALKIN, ROBERT A		22 NAME		
STREET ADDRESS	240 S. PINEAPPLE AVE., STE. 855		23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP		
TITLE		[] DELETE	31 TITLE	[] Change	[] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[] DELETE	41 TITLE	[] Change	[] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[] DELETE	51 TITLE	[] Change	[] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[] DELETE	61 TITLE	[] Change	[] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1994

4. FEI Number
65-0532835 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

10. Name and Address of New Registered Agent



[Handwritten signature]

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]* **J. Christopher Malkin, V.P. 2/25/99 (941)955-6768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E034 (11/98)