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

DOCUMENT # 1. Corporation Name P98000029328

INFINITE IMAGERY INTERACTIVE, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90161 043 ***150.00



Principal Place	e of Business	Mailing Address		4 13011501 (10 1010) (011) 001/1 001/1 001/1 01/1 10/10 10/10 11/10/10 10
105 DEPOT LA	NE	POST OFFICE BOX 122		
ARCHER FL 32618		ARCHER FL 32618		DO NOT WRITE IN THIS SPACE
	•			3. Date Incorporated or Qualified
				03/31/1998
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 4062	Honolulu Drive	26 4062 Honolul	1 Drive	59 3504363 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27	·-	Fee Required
City & Stat	· •	City & State	.	6. Election Campaign Financing \$5.00 May Be
23 Saras		28 Sarasota	FL	Trust Fund Contribution Added to Fees
Zip 24 3석2식	Country	Zip 29 34241 3	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 🛣 No
24 3969	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
A	3. Name and Address of Curren	t Registered Agent	81 Name	
LONDRIE, MITCHELL			K	CEITH RICHARD DUNGAN
	DEPOT LANE		62 Stree	et Address (P.O. Box Number is Not Acceptable) OG2 Hono Lulu Drive
ARC	HER FL 32618		83	
			1	loc 75 Code
			84 City	arasota FL 85 Zip Code 34241
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-name	ed corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was auth	iorized by the cor	rporation's board of directors. I hereby accept the appointment as registered
-	Note to >	Keith Dunc		04/18/99
SIGNATURE	Signature, typed or printed name of registered agen		gistered Agent signature	re required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	
NAME	LONDRIE, MITCHELL		1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 122		1.3 STREET ADDRESS	SS
CITY-ST-ZIP	ARCHER FL 32618	☐ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	L3 DECETE	2.1 TITLE	
NAME	DUNGAN, KEITH R		2.2 NAME	
STREET ADDRESS	4062 HONOLULU DRIVE		2.3 STREET ADDRES	SS
CITY-ST-ZIP	SARASOTA FL 34241	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		L DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE			4.1 TITLE	L Stienge Li Addition
NAME			4. 2 NAME	oc .
STREET ADDRESS			4.3 STREET ADDRES	333
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE		C Actric	5.1 TILE 5.2 NAME	
NAME			5.3 STREET ADDRES	ss
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	Change Addition
			6.2 NAME	
NAME	}		6.3 STREET ADDRES	ss
STREET ADDRESS			64 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

1-941-371-7469