

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90141 029 ***150.00

0402409

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 278025

1. Corporation Name
INX CORP.



Principal Place of Business
 5421 JET VIEW CIRCLE
 TAMPA FL 33634
 US

Mailing Address
 5421 JET VIEW CIRCLE
 TAMPA FL 33634
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2109 E EDGEWOOD DR

Suite, Apt. #, etc.

22 City & State
 23 LAKELAND FL

Zip

24 33803

25 POLK

2a. Mailing Address

26 2109 E EDGEWOOD DR

Suite, Apt. #, etc.

27 City & State

28 LAKELAND FL

Zip

29 33803

30 POLK

3. Date Incorporated or Qualified

01/31/1964

4. FEI Number

59-1037082

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

9. Name and Address of Current Registered Agent

SUTHERLAND, HENRY
 5421 JET VIEW CIRCLE
 TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
 2109 E EDGEWOOD DR

83

84 City LAKELAND

FL 85 Zip Code 33803

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

TITLE V DELETE
 NAME WILSON, ERLENE
 STREET ADDRESS 5421 JET VIEW CIRCLE
 CITY-ST-ZIP TAMPA, FL 00000

TITLE PD DELETE
 NAME SUTHERLAND, HENRY
 STREET ADDRESS 5421 JET VIEW CIRCLE
 CITY-ST-ZIP TAMPA, FL 00000

TITLE V DELETE
 NAME SUTHERLAND, MARK A.
 STREET ADDRESS 5421 JET VIEW CIRCLE
 CITY-ST-ZIP TAMPA FL

TITLE V DELETE
 NAME SUTHERLAND, I S
 STREET ADDRESS 5421 JET VIEW CIRCLE
 CITY-ST-ZIP TAMPA FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 2109 E EDGEWOOD DR
 1.4 CITY-ST-ZIP LAKELAND FL 33803

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 2109 E EDGEWOOD DR
 2.4 CITY-ST-ZIP LAKELAND FL 33803

3.1 TITLE Change Addition
 3.2 NAME SUTHERLAND, MARK A.
 3.3 STREET ADDRESS 2109 E EDGEWOOD DR
 3.4 CITY-ST-ZIP LAKELAND FL 33803

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS 2109 E EDGEWOOD DR
 4.4 CITY-ST-ZIP LAKELAND FL 33803

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Erleene Wilson ERLENE WILSON

4-7-99

941-668-5503

Date

Daytime Phone #

CR2E034 (11/98)