

FILING FEE AFTER MAY 1ST IS \$550.00

ANNUAL REPORT

1999



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

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90006 008 \*\*\*150.00  
08-20-1999 90001 028 \*\*\*400.00

DOCUMENT # **F97000006576**  
Corporation Name  
**INFOTEXT SALES CORPORATION**

Principal Place of Business <b>CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801</b>		Mailing Address <b>CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801</b>		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 <b>Infotext Sales Corporation</b>		2a. Mailing Address 26 <b>Infotext Sales Corporation</b>		3. Date Incorporated or Qualified <b>12/12/1997</b>	
Suite, Apt. #, etc. 22 <b>Street &amp; Richlieu Roads</b>		Suite, Apt. #, etc. 27 <b>Street and Richlieu Roads</b>		4. FEI Number <b>APPLIED FOR 23-2665769</b>	
City & State 23 <b>Bensalem, PA</b>		City & State 28 <b>Bensalem, PA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>19020</b>		Zip 29 <b>19020</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12.		13.		14.	
TITLE	PC	1.1 TITLE	PC	1.1 TITLE	
NAME	GREEN, ROBERT W	1.2 NAME	Hogwood, William E.	1.2 NAME	
STREET ADDRESS	3001 STREET ROAD	1.3 STREET ADDRESS	3001 Street Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA 19020	1.4 CITY-ST-ZIP	Bensalem, PA 19020	1.4 CITY-ST-ZIP	
TITLE	VVC	2.1 TITLE	T	2.1 TITLE	
NAME	HOGWOOD, WILLIAM E	2.2 NAME	Ricci, Anthony	2.2 NAME	
STREET ADDRESS	3001 STREET ROAD	2.3 STREET ADDRESS	3001 street Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA 19020	2.4 CITY-ST-ZIP	Bensalem, PA 19020	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE		3.1 TITLE	
NAME		3.2 NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE		4.1 TITLE	
NAME		4.2 NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE		5.1 TITLE	
NAME		5.2 NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE		6.1 TITLE	
NAME		6.2 NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(215) 639  
Daytime Phone #