

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90124 043 ****61.25

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DOCUMENT # N97000005992

1. Corporation Name

INFINITE OUTSOURCE, INC.

Principal Place of Business

8600 HIDDEN RIVER PKWY.
PALM COURT BLDG.-STE. 500
TAMPA FL 33637

Mailing Address

8600 HIDDEN RIVER PKWY.
PALM COURT BLDG.-STE. 500
TAMPA FL 33637



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

59-3475592

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

9. Name and Address of Current Registered Agent

ANTES, JOHANNA M
8600 HIDDEN RIVER PKWY.
PALM COURT BLDG.-STE. 500
TAMPA FL 33637

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME **PD**
ANTES, JOHANNA
STREET ADDRESS **29728 MORVEN PLACE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33534**

TITLE ☐ DELETE

NAME **CEO**
ANTES, JOHANNA
STREET ADDRESS **29728 MORVEN PLACE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33534**

TITLE ☐ DELETE

NAME **CD**
DRESSER WJCT, WILLIAM
STREET ADDRESS **100 FESTIVAL PARK AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ DELETE

NAME **VCD**
STEPHEN MCKENNEY Y STECK, BUMFE
STREET ADDRESS **11510 EAST COLONRAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32817-4699**

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

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 617, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

813 991 6549
Daytime Phone #

CR2E037 (11/98)