FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077516 (0)

1. Corporate Name

INFINITE LEAGUES, INC.

Principal Place of Business: ~~616 WALL ST.~~ ~~VERO BEACH FL 32960~~

Mailing Address: ~~616 WALL ST.~~ ~~VERO BEACH FL 32960~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 1003 SE Port St Lucie Blvd
Suite, Apt. #, etc.	22
City & State	23 Port St Lucie, FL
Zip	24 34952
County	25 St Lucie
2a. Mailing Address	26 same
Suite, Apt. #, etc.	27
City & State	28
Zip	29
Country	30

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3280211 — 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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CLARIZIO, WILLIAM P
616 WALL ST.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: Clarizio, William P
82 Street Address (P.O. Box Number is Not Acceptable): 1934 SE Rainier Road
83
84 City: Port St Lucie FL
85 Zip Code: 34952

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: William P. Clarizio — Date: 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARIZIO, WILLIAM P
STREET ADDRESS	616 WALL ST.
CITY-ST-ZIP	VERO BEACH FL 32960

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P/D	[X] Change [ ] Addition
1 NAME	Clarizio, William P	
1 STREET ADDRESS	1934 SE Rainier Road	
1 CITY-ST-ZIP	Port St Lucie, FL 34952	
2 TITLE		[ ] Change [ ] Addition
3 TITLE		[ ] Change [ ] Addition
4 TITLE		[ ] Change [ ] Addition
5 TITLE		[ ] Change [ ] Addition
6 TITLE		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: William P. Clarizio — 4/28/95 — (407) 337-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071816 CP