

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90062 008 ***150.00

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1. Corporation Name

INFINITY GROUP SERVICES, INC.



Principal Place of Business

Mailing Address

25400 HWY 19 N
SUITE 259
CLEARWATER FL 34623
US

25400 HWY 19 N
SUITE 259
CLEARWATER FL 34623
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

59-3372757

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

2. Principal Place of Business

2a. Mailing Address

21 905 EML King Blvd.

26 905 EML King Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 230

27 230

City & State

City & State

23 TARPON SPRINGS, FL.

28 TARPON SPRINGS, FL.

24 34689 25 US

29 34689 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, STEPHEN
31790 HWY 19 N
APT #197
PALM HARBOR FL 34684

81 Name Alexander, Stephen

82 Street Address (P.O. Box Number is Not Acceptable)
2700 Bayshore Blvd. #9407

83

84 City Dunedin FL 85 Zip Code 34698

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WENINGER-ALEXANDER, TINA M.
STREET ADDRESS 31790 HWY 19 N, APT 197
CITY-ST-ZIP PALM HARBOR FL 34684

1.1 TITLE P
1.2 NAME Weninger-Alexander
1.3 STREET ADDRESS 2700 Bayshore Blvd. #9407
1.4 CITY-ST-ZIP Dunedin, FL 34698

TITLE ST
NAME EVERDING, ROBERT
STREET ADDRESS 9104 SACRAMENTO DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

2.1 TITLE
2.2 NAME ← Same
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME ALEXANDER, STEPHEN
STREET ADDRESS 31790 HWY 19 N APT 197
CITY-ST-ZIP PALM HARBOR FL 34684

3.1 TITLE V
3.2 NAME Alexander, Stephen
3.3 STREET ADDRESS 2700 Bayshore Blvd #9407
3.4 CITY-ST-ZIP Dunedin, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: Robert Everding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 727-943-8471

Date

Daytime Phone #

CR2E034 (11/98)