

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

05-12-1999 06014034-00150.00
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 896000047318

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PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P96000047318
 1. Corporation Name
 INFINITE VISIONS, INC ✓

Principal Place of Business Mailing Address
 2200 Kings Hwy Bldg 3L, Suite 96 PT. CHARLOTTE, FL 33980
 2200 Kings Hwy Bldg 3L, Suite 96 PT. CHARLOTTE, FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/29/96

4. FEI Number
 65-0667487 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

7. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent
 NELSON, CLAYTON C.
 286 POPAYAN ST.
 Punta Gorda, FL 33983

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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: *Clayton C. Nelson* DATE: 9-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	
NAME DOROTHY J. NELSON	12 NAME	12 NAME	
STREET ADDRESS 286 POPAYAN ST.	13 STREET ADDRESS	13 STREET ADDRESS	
CITY-ST-ZIP Punta Gorda, FL 33983	14 CITY-ST-ZIP	14 CITY-ST-ZIP	
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	
NAME CLAYTON C. NELSON	22 NAME	22 NAME	
STREET ADDRESS 286 POPAYAN ST.	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP Punta Gorda, FL 33983	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
TITLE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 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)(b), 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: DOROTHY J. NELSON *Dorothy J. Nelson* 4/26/99 941-629-5394

CFR2034 (1/198)