

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101717 (2)**

1. Corporation Name
INFILIGHT, INC.

Principal Place of Business

Mailing Address

**4447 RAYFIELD DRIVE
SARASOTA FL 34243-3477**

**4447 RAYFIELD DRIVE
SARASOTA FL 34243-3477**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

2. Principal Place of Business	2a. Mailing Address
21 1938 ADAMS LANE	26 816 LOCKLEAR AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #103	27
City & State	City & State
23 SARASOTA, FL	28 SARASOTA, FL
Zip	Zip
24 34236	29 34237
Country	Country
25 USA	30 USA

4. FEI Number
59-3415894

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 607.0502 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	PTD	1.1 TITLE	PTD
NAME	HARGABUS, PATRICK A	1.2 NAME	HARGABUS, PATRICK A.
STREET ADDRESS	4447 RAYFIELD DRIVE	1.3 STREET ADDRESS	816 LOCKLEAR AVENUE
CITY-ST-ZIP	SARASOTA FL 34243-3477	1.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VSD	2.1 TITLE	
NAME	BANAAG, MARIE B	2.2 NAME	
STREET ADDRESS	4447 RAYFIELD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243-3477	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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:

Patrick A. Hargabus

3-21-98 941-953-7627

CR2E034 (10/97)