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

DOCUMENT # P96000101717

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

INFILIGHT, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90247 026 ***158.75

Principal Place	e of Business	Mailing Address					.,		
1938 ADAMS L	ANE	816 LOCKLEAR AVENUE							
#103		SARASOTA FL 34237.				DO NOT WRIT	E IN THIS S	PACE	
SARASOTA FL	34236	US				3. Date Incorporated or Qualifed	E IN This	FACE	
U\$						01/01/1997			
	lace of Business	2a. Mailing Address	,	e-lal		4. FEI Number			plied For
21 173	2 Relwood Street	26 1732 Redu	rood.	>Tree	<u>:</u>	59-34 15894	_		t Applicable
Suite, Apt)	#, etc.	Suite Apt #, etc.				5. Certifcate of Status Desired	×	\$8.75 A Fee Re	I
City & State	asota Florida	City & State	Flo	rida	ı	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Country		•	8. This corporation owes the curre	ent year Inta	ngible	
24 3423	1-3846 ₂₅ ÚSA	29 3423/-38463	。 <i>し</i>	'SA		Personal Property Tax.	-		X No
	9. Name and Address of Current					10. Name and Address of New F	egistered A	gent	
W. Indition and Programme C. September 1991									
AMERILAWYER CHARTERED				Stroot A	et Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE				Suggi	4001es	ss (F.O. Box Number is Not Accepte	DIG)		
COR	IAL GABLES FL 33134		83						
							•	T2-1 c	
			84	City			FL	85 Zip C	,ode
office or nagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autons of, Section 607.0505, Florid	norized by la Statutes	tne corpo	ration	is board of directors, I hereby acces	t the appoin	iment as reg	jistered :
	Signature, typed or printed name of registered agent a		egistered Ager	t signature re	quirea v	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13. 1,1 TITLE			ADDITIONS/CHANGES TO OF	TOERS AND	Change	Addition
TITLE	PTD DATRICK A	CT DEFE IC	1.2 NAME					A 4=90	
NAME	HARGABUS, PATRICK A	_			17	33 Portugal St		10+	.
STREET ADDRESS	816 LOCKLEAR AVENUE		1.3 STREET ADDRESS / 7		6	32 Red wood Sti	12/- 7	MFA. C	• •
CITY-ST-ZIP	SARASOTA FL 34237 □ DELETE -		1.4 CITY-ST-ZIP		<u> </u>	rasora, resta	(3773	Change	[-] Addition
TITLE			-	1		•	-		
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET						Ì
CITY-ST-ZIP		DELETE	2. 4 CITY-S	T-ZIP				Change	Addition
TITLE			3.1 TITLE 3.2 NAME						
NAME				r 4000000					ļ
STREET ADDRESS			3.3 STREET	L					•
CITY-ST-ZIP		DELETE	3.4. CITY-S 4.1 TITLE	11-214			-,	Change	Addition
TITLE -		prese	4, 1 MAME	ĺ					_
NAME			4. 2 NAME	r ADDDEEC					
STREET ADDRESS			1						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-212				Change	Addition
TITLE			5.1 NAME						
NAME			i .	TADDRESS					
STREET ADDRESS			5.4 CTY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1- CIF				Change	Addition
TITLE			6.2 NAME						
NAME STREET ANDRESS				ADDRESS					
I STORET ADDOCCO									I

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.

6.4 CITY-ST-ZIP