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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000018394 (1)

1. Corporation Name
INFOTOUCH SYSTEMS, INC.



Principal Place of Business

441 U.S. 27TH NORTH
SEBRING FL 33870-2151

Mailing Address

441 U.S. 27TH NORTH
SEBRING FL 33870-2151

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0752298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MCCLURE, JACK K
425 SOUTH COMMERCE AVENUE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

MCCLURE, JOHN K.

82 Street Address (P.O. Box Number is Not Acceptable)

425 SOUTH COMMERCE AVENUE

83

84 City

SEBRING

FL

85

Zip Code
33870

11. Pursuant to the provisions of Sections 607.02 and 607.0508, 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

JOHN K. MCCLURE, ESQ.

3-30-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WILDSTEIN, ALAN J
STREET ADDRESS 441 U.S. 27TH NORTH
CITY-ST-ZIP SEBRING FL 33870-2151

TITLE ☐ DELETE

NAME RAWLES, THOMAS
STREET ADDRESS 1900 15TH CT N.W.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME ATCHISON, ED
STREET ADDRESS 1272 STATE ROAD 655
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WILDSTEIN, ALAN J.
1.3 STREET ADDRESS 2935 N.E. LAKEVIEW DRIVE
1.4 CITY-ST-ZIP SEBRING, FL 33870

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E034 (10/97)