

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90005 002 ***550.00

DOCUMENT # P98000031820

1. Corporation Name

INFINITE NETWORKS CORPORATION

Principal Place of Business

112 WYOMING AVENUE
ST. CLOUD FL 34769

Mailing Address

112 WYOMING AVENUE
ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

☒ 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

21 2650 ALICE BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 2650 ALICE
Suite, Apt. #, etc.

22 City & State

23 KISSIMMEE

27 City & State

28 KISSIMMEE

24 Zip 34746 25 Country USA

29 Zip 34746 30 Country USA

9. Name and Address of Current Registered Agent

WINDSOR, WILLIAM J
112 WYOMING AVENUE
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

WINDSOR, WILLIAM J

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

2650 ALICE BLVD

83

84 City

KISSIMMEE

FL

85 Zip Code 34746

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

William J. Windsor

5-25-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WINDSOR, WILLIAM J
STREET ADDRESS 112 WYOMING AVENUE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☒ DELETE
NAME NESMITH, THEODORE E
STREET ADDRESS 2725 MAE LOMA COURT
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D-CEO ☒ Change ☐ Addition
1.2 NAME WILLIAM J. WINDSOR
1.3 STREET ADDRESS 2650 ALICE BLVD
1.4 CITY-ST-ZIP KISSIMMEE, FL 34746

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, with all other like empowered.

SIGNATURE:

William J. Windsor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-25-99 407-733-8933

CR2E034 (11/98)