

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

FILED  
Apr 24 1997 8:00am  
Secretary of State

|  |   |  |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V50160 (3)

1. Corporation Name  
INFINITE SOLUTIONS, INC.

Principal Place of Business

1100 CLEVELAND ST  
SUITE 800  
CLEARWATER FL 34615  
US

Mailing Address

1100 CLEVELAND ST  
SUITE 800  
CLEARWATER F 34615-4805  
US

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 2004 LENNOX RD, E.

26 P.O. BOX 452

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PALM HARBOR FL

28 PALM HARBOR FL

Zip

Country

Zip

Country

24 34683

25 USA

29 34682

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VRECENAK, THOMAS R., P.A.  
35951 US HWY. 19 NORTH  
PALM HARBOR FL 34684

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 PD ☐ DELETE

NAME WITKOWSKI, EDWARD  
STREET ADDRESS 2004 LENNOX RD E  
CITY- ST- ZIP PALM HARBOR FL 34683

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME VAN DE KAMP, THEODORE J  
STREET ADDRESS 8 NEW ST STE 4H  
CITY- ST- ZIP E NORWALK CT

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME WITKOWSKI, ROSALIE K  
STREET ADDRESS 2004 LENNOX RD E  
CITY- ST- ZIP PALM HARBOR FL 34683

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD W. WITKOWSKI 4/18/97 813-987-2371

Date

Daytime Phone #

CR2E034 (9/96)