

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000072056 (1)

1. Corporation Name  
**VOLTTA, INC.**



Principal Place of Business: **2076 S. OCEAN DR., UNIT 510 HALLANDALE FL**  
Mailing Address: **2076 S. OCEAN DR., UNIT 610 HALLANDALE FL**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3181 S. OCEAN DRIVE	26	3181 S. OCEAN DRIVE	09/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	SUITE 601	27	SUITE 601	65-0608339	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	HALLANDALE, FLORIDA	28	HALLANDALE, FLORIDA	<input type="checkbox"/>	
24	Zip: 33009	29	Zip: 33009	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country: USA	30	Country: USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
VOLPICELLA, VINCE <del>2076 S. OCEAN DR., UNIT 510</del> HALLANDALE FL				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				3181 SOUTH OCEAN DRIVE				
				83	SUITE 601			
				84	City	HALLANDALE	85	Zip Code
						FL		33009

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]* VINCE VOLPICELLA, PRES. & REG. AGENT. DATE: 2/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	VOLPICELLA, VINCE	1.2 NAME	VOLPICELLA, VINCE
STREET ADDRESS	2076 S. OCEAN DR., UNIT 510	1.3 STREET ADDRESS	3181 S. OCEAN DRIVE (STE. 601)
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	JOHN MOTTA
STREET ADDRESS		2.3 STREET ADDRESS	3181 S. OCEAN DRIVE (STE. 601)
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* VINCE VOLPICELLA, PRES. DATE: 2/2/96 DAYTIME PHONE #: 954/454-7854

CR2E034 (12/95)