


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

FILED
May 21 1997 8:00am
Secretary of State

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

DOCUMENT # F96000001420 (6)

1. Corporation Name

KEY VOICE TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

1919 IVANHOE STREET
SARASOTA FL 34231

1919 IVANHOE STREET
SARASOTA FL 34231-3611

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0649760		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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	PDST	1.1 TITLE	P/D/C
NAME	BRANICA, NICK A	1.2 NAME	
STREET ADDRESS	1919 IVANHOE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	HEANEY, EGIN P	2.2 NAME	
STREET ADDRESS	1919 IVANHOE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	V/T/G
NAME	WILVER, WAYNE R	3.2 NAME	
STREET ADDRESS	1180 SEMINOLE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	D
NAME	MUSTAIN, WILLIAM G	4.2 NAME	
STREET ADDRESS	1180 SEMINOLE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	VILLADSEN, OVE	5.2 NAME	
STREET ADDRESS	1180 SEMINOLE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	CRABTREE, ROBERT C	6.2 NAME	
STREET ADDRESS	111 NORTH CALHOUN	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	6.4 CITY-ST-ZIP	

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

Wayne R. Wilver

4/29/97 804 478 770

CR2E034 (9/96)