

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

DOCUMENT # F96000001420

1. Corporation Name

KEY VOICE TECHNOLOGIES, INC.

Principal Place of Business

1919 IVANHOE STREET
SARASOTA FL 34231

Mailing Address

1919 IVANHOE STREET
SARASOTA FL 34231

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

65-0649760

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BRANICA, NICK A	
STREET ADDRESS	1919 IVANHOE STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HEANEY, EGIN P	
STREET ADDRESS	1919 IVANHOE STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	WILVER, WAYNE R	
STREET ADDRESS	1180 SEMINOLE TRAIL	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSTAIN, WILLIAM G	
STREET ADDRESS	1180 SEMINOLE TRAIL	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLADSEN, OVE	
STREET ADDRESS	1180 SEMINOLE TRAIL	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARTER, KAY D	
STREET ADDRESS	1919 IVANHOE STREET	
CITY-ST-ZIP	SARASOTA FL 34231	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DVTS
3.3 STREET ADDRESS	BECKEN, CHRISTIAN L.
3.4 CITY-ST-ZIP	1180 SEMINOLE TRAIL CHARLOTTESVILLE VA 22906
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 804 978 2202
Date Daytime Phone #

CR2E034 (11/98)

254349-90045-26
F96000001420

BLOCK 13 ADDITIONAL INFORMATION

① TITLE V
NAME WOOD, WILLIAM J.
STREET 1919 IVANHOE STREET
CITY-ST-ZIP SARASOTA FL 34231

② TITLE V
NAME LENNON, PAT A
STREET 1919 IVANHOE STREET
CITY-ST-ZIP SARASOTA FL 34231