

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

000341

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-23-1999 90162 031 ***150.00

DOCUMENT # F97000001386

1. Corporation Name

VOCALL COMMUNICATIONS CORP.

Principal Place of Business

150 MORRIS AVE. SUITE 202
SPRINGFIELD NJ 07081

Mailing Address

150 MORRIS AVE. SUITE 202
SPRINGFIELD NJ 07081

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

2. Principal Place of Business

21 284 SHEFFIELD ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 284 SHEFFIELD ST.
Suite, Apt. #, etc.

4. FEI Number

13-3577025

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

22 City & State

23 MOUNTAINSIDE, NJ

Zip Country

24 07092 25

27 City & State

28 MOUNTAINSIDE, NJ

Zip Country

29 07092 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 CP ☐ DELETE
NAME FRANK, GARY
STREET ADDRESS 608 SUNRISE WAY
CITY-ST-ZIP NESHANIC NJ 08853

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE C.O.O. & Secretary ☐ Change ☒ Addition
2.2 NAME Joseph Frank
2.3 STREET ADDRESS 900 Louisa Street
2.4 CITY-ST-ZIP Union, NJ 07083

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME C.F.O. & Treasurer
3.3 STREET ADDRESS Allan D. Weingarten
3.4 CITY-ST-ZIP 11 Oswego Lane, Shorthills, NJ 07078

4.1 TITLE E.V.P. ☐ Change ☒ Addition
4.2 NAME Mark A. Krentzman
4.3 STREET ADDRESS 55 E. 72ND St. Apt 7
4.4 CITY-ST-ZIP New York, NY 07083

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Bracha Frank
5.3 STREET ADDRESS 22 Dogwood Terrace
5.4 CITY-ST-ZIP Springfield, NJ 07081

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: SIGNATURE REQUIRED Gary Frank

1/5/99

Date

908-301-0090

Daytime Phone #

CR2E034 (11/98)