

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

FILED  
Feb 16, 1999 8:00 am  
Secretary of State

02-16-1999 90023 026 \*\*\*150.00

DOCUMENT # F98000005204

1. Corporation Name

JOLT TECHNOLOGY, INC.

Principal Place of Business

6801 N.W. 15TH AVE.  
FT. LAUDERDALE FL 33309

Mailing Address

6801 N.W. 15TH AVE.  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

77-0473773

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.

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 D ☐ DELETE

NAME  
GONDEK, CHARLENE A  
STREET ADDRESS  
628 SOUTH GALENA  
CITY-ST-ZIP  
ASPEN CO 81611

TITLE D ☐ DELETE

NAME  
HORTON, GREGORY L  
STREET ADDRESS  
2151 ANCHOR COURT  
CITY-ST-ZIP  
NEWBURY PARK CA 91320

TITLE PD ☐ DELETE

NAME  
MORHAIM, MITCHELL  
STREET ADDRESS  
6801 N.W. 15TH AVE.  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33309

TITLE STD ☐ DELETE

NAME  
VITELLE, RICHARD K  
STREET ADDRESS  
2151 ANCHOR COURT  
CITY-ST-ZIP  
NEWBURY PARK CA 91320

TITLE D ☐ DELETE

NAME  
WHEELER, THOMAS M  
STREET ADDRESS  
801 W BIG BEAVER ROAD NO.201  
CITY-ST-ZIP  
TROY MI 48084

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Morhaim, President

X 01/20/99 (954) 968-8526

Date

Daytime Phone #

CR2E034 (11/98)