FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **J00251** **(5)**

1. Corporation Name
VOLTECH, INC.

Principal Place of Business
300-C LAKEWOOD CIRCLE
MARGATE FL 33063

Mailing Address
300-C LAKEWOOD CIRCLE
MARGATE FL 33063

3. Date Incorporated or Qualified: **02/20/1986**
3a. Date of Last Report: **08/08/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-2645125** — 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 has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, LARRY
~~**10191 W SAMPLE RD**~~
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2855 UNIVERSITY DRIVE
83 SUITE 110
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's signature required when name is changed. DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	POMERANZ, MARTIN	
STREET ADDRESS	300-C LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	☑ DELETE
NAME	JOHNSON, LAWRENCE	
STREET ADDRESS	11799 NW 26TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	☑ DELETE
NAME	HARRIS, JODY	
STREET ADDRESS	9430 LIVE OAK PL #408	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☑ DELETE
NAME	WILLIAMS, GALE	
STREET ADDRESS	89 HILLCREST DRIVE	
CITY-ST-ZIP	ROSWELL GA	
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		☐ 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 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: Martin Pomeranz MARTIN POMERANZ, PRES 4/25/96 954-971-5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)