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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

D	OCUMENT	#	.100251
1.	Corporation Name		00020.

VOLTECH, INC.

Principal Place of Business

300-C LAKEWOOD CIRCLE

Mailing Address

300-C LAKEWOOD CIRCLE



MARGATE FL 33063	MARGATE PL 33063		DO NOT WRITE IN THIS SPACE				
			Date Incorporated or Qualifed 02/20/1986				
2. Principal Place of Business 21 6234 NW 45 TER	2a. Mailing Address 26 6234 NW 4	5 TER	4. FEI Number 59-2645125	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 COCONUT CREEK FL	City & State 28 COSOMUT CASSE FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 33073 [25]	^{Zip} 33-73 30	ountry	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No			
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent				
JOHNSON, LARRY		81 Name					
2855 UNIVERSITY DR		82 Street Address (P.O. Box Number is Not Acceptable)					
STE 110 CORAL SPRINGS FL 33065		83					
COLUMN OF THE COURSE		84 City	F	<u> </u>			
			the state of the s	of changing its registered			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose or changing its registered.

office or registered agent, or both in the State of Florida. Such change was authorized by the corporation a board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	MARTIN TOMERANZ, TRES	Martin	Tonierany April	1 30,1	999				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	gistered Agent signature n	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12				
TITLE	PS DELETE	1.1 TITLE		Change	Addition				
NAME.	POMERANZ, MARTIN	1.2 NAME	100 11 F Tage						
STREET ADDRESS	300-C LAKEWOOD CIRCLE	1.3 STREET ADDRESS	6234 NW 43 FER						
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	6234 NW 45 TER COCONUTCEER FL	330	7.3				
TITLE	☐ DELETE	2.1 TITLE		Change	Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	DELETE	4.1 TITLE		Change	☐ Addition				
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS			ĺ				
CITY-ST-ZIP		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 chapted, or on any attachment with an address, with all other like empowered.

SIGNATURE: