

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

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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K12716 (2)</b>			
1. Corporation Name <b>VOLOTOR, INC.</b>			
Principal Place of Business <b>4995 NORTH U. S. 1 COCOA FL 32927 US</b>		Mailing Address <del>PO BOX 459 COLUMBIA MD 21046-0459</del> <b>US 4995 N. U.S. 1 Cocoa FL 32927</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26 4995 N US 1</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28 COCOA FL</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29 32927</b>	Country <b>30 USA</b>
9. Name and Address of Current Registered Agent <b>VONTHRON, DR JOE - 529 S ATLANTIC AVE COCOA BEACH FL 32931</b>		10. Name and Address of New Registered Agent <b>81 Name RUTH LOVELL 82 Street Address (P.O. Box Number is Not Acceptable) 4416 NEPTUNE ST 83 84 City TAMPA FL 85 Zip Code 33629</b>	
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. <b>SIGNATURE: Ruth Lovell 4-10-97 DATE: 4-10-97</b> <small>Signature typed or printed name of registered agent and firm, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>20 SECRETARY</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VONTHRON, JOE DR</b>		1.2 NAME	
STREET ADDRESS <b>529 S ATLANTIC AVE</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>COCOA BCH FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>21 PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOVELL, RUTH</b>		2.2 NAME	
STREET ADDRESS <b>4416 NEPTUNE ST</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>TAMPA FL</b>		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do 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. <b>SIGNATURE: Ruth Lovell REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)