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

DOCUMENT # K67523

1. Corporation Name

VOLX, INC.

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90002 004 ***550.00



Principal Place of Business C/O MICHAEL W. MCADAMS 320 SE CHURCH ST STUART FL 34994 2. Principal Place of Business 24. Mailing Address 25. Certificate of Business 26. Mailing Address 27. City & State 28. Country Applied Fc. City & State Zip Country Applied Fc. Country Applied Fc. Sulte, Apt. #, etc. City & State Zip Country Applied Fc. Sulte, Apt. #, etc. Country Applied Fc. Sulte, Apt. #, etc. City & State City & State Zip Country Applied Fc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Zip Country Applied Fc. Sulte, Apt. #, etc. Sulte, Apt.				-	ULTUS DIBSI ULULI TIBSI ULULI 1005
320 SE CHURCH ST STUART FL 34994 320 SE CHURCH ST DO NOT WRITE IN THIS SPACE Applied FC STUART FL 34994 4. FEI Number 65-0181419 Solve Fee Required St. Certifcate of Status Desired Fee Required Fe	Principal Place of Business	Mailing Address			
3. Date Incorporated or Qualifed 02/22/1989 2. Principal Place of Business 2. Applied For 65-0181419 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 3. Date Incorporated or Qualifed 02/22/1989 4. FEI Number 65-0181419 5. Certificate of Status Desired 6. Election Campaign Financing 55.00 May Be 7 Trust Fund Contribution 7. Added to Fees 7. Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 7. Personal Property Tax. 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	320 SE CHURCH ST	320 SE CHURCH ST		DO NOT WRITE IN THIS	S SPACE
22 Suite, Apt. #, etc. Suite, Apt. #, et				•	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired	2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Added to Fees Zip Personal Property Tax. 9. Name and Address of Current Registered Agent MCADAMS, MICHAEL W. 320 SE CHURCH ST Suite, Apt. #, etc. Street Address of Status Desired \$8.75 Addition Fee Required Fee Required Country \$5.00 May Be Trust Fund Contribution Added to Fees Added to Fees Name Personal Property Tax. Yes No Name and Address of New Registered Agent MCADAMS, MICHAEL W. 320 SE CHURCH ST	21	26		65-0181419	Not Applicable
City & State City & State 28 Zip Country Zip Country 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent MCADAMS, MICHAEL W. 320 SE CHURCH ST City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No No No Street Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.	<u>├</u>		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent MCADAMS, MICHAEL W. 320 SE CHURCH ST 8. This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	City & State	City & State		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	\$5.00 May Be Added to Fees
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent MCADAMS, MICHAEL W. 320 SE CHURCH ST 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			ntry	8. This corporation owes the current year In	ntangible
9. Name and Address of Current Registered Agent 81 Name MCADAMS, MICHAEL W. 320 SE CHURCH ST 82 Street Address (P.O. Box Number is Not Acceptable)	¬ '	29 30		Personal Property Tax.	☐ Yes ☐ No
MCADAMS, MICHAEL W. 320 SE CHURCH ST 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	<u> </u>			10. Name and Address of New Registered Agent	
320 SE CHURCH ST Street Address (P.O. Box Number is Not Acceptable)	MCADAMS, MICHAEL W. 320 SE CHURCH ST		81 Name		
STUART FL 34994 83			82 Street Addre	et Address (P.O. Box Number is Not Acceptable)	
	STUART FL 34994		83		
84 City FL 85 Zip Code			' '		L
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 register 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.	office or registered agent or both in the State	t Florida. Such change was authorized	i by the corporation	oration submits this statement for the purpose on a board of directors. I hereby accept the appoint	of changing its registered pintment as registered
SIGNATURE Stronglure Noned or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE	and title if applicable (NOTE: Registered	Agent signature required	when reinstating) DATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE ☐ Change ☐ Addition 11TM E TITLE MCADAMS, MICHAEL W. NAME 1509 LARK BLVD. 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DST ☐ DELETE 2.1 TITLE TITLE MCADAMS, DIANE 2.2 NAME NAME 1509 LARK BLVD. 2.3 STREET ADDRESS STREET ADDRESS STUART FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

- MICHABLE WERD MIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)