

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000015453 (3)

1. Corporation Name

KEY VOICE TECHNOLOGIES, INC.

Principal Place of Business

**1805 GLENGARY STREET
SARASOTA FL 34231
US**

Mailing Address

**1805 GLENGARY STREET
SARASOTA FL 34231
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/24/1992

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0381985

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

**BRANICA, NICK
1805 GLENGARY ST.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

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

TITLE

P

NAME

BRANICA, NICK

STREET ADDRESS

5569 CAPE LEYTE DR.

CITY-ST-ZIP

SARASOTA FL 34242

TITLE

V

NAME

BRANICA, TONIE

STREET ADDRESS

5569 CAPE LEYTE DR.

CITY-ST-ZIP

SARASOTA FL 34242

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

5424 Siesta Cove Drive

1.4 CITY-ST-ZIP

Sarasota, FL 34242

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

5424 Siesta Cove Drive

2.4 CITY-ST-ZIP

Sarasota, FL 34242

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

Eoin Heaney

3.3 STREET ADDRESS

1805 Glengary Street

3.4 CITY-ST-ZIP

Sarasota, FL 34231

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 110.07(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:

Tonie Branica

Tonie Branica Vice President 4/3/95

813-922-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name