FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004866 (8)**

1. Corporation Name
VOICEWARE SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
1860 OLD OKEECHOBEE RD. SUITE 512 WEST PALM BEACH FL 33409	1860 OLD OKEECHOBEE RD. SUITE 512 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business	2a. Mailing Address
21 1109 Old Okeechobee Rd	26 1109 Old Okeechobee Rd
Suite, Apt. #, etc. 22 Suite 11	Suite, Apt. #, etc. 27 Suite 11
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / County 24 33401 / 25	Zip / County 29 33401 / 30

4. FEI Number: 65-0466651 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BETRON, BRIAN 1860 OLD OKEECHOBEE RD. STE. 512 WEST PALM BEACH FL 33409	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 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 _____ DATE
(Signature, typed or printed name of registered agent and title of officer) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	BETRON, BRIAN	12 NAME	Betron, Brian	
STREET ADDRESS	1860 OLD OKEECHOBEE RD. STE. 512	13 STREET ADDRESS	1109 Old Okeechobee Rd, Ste 11	
CITY-ST-ZIP	W. PALM BEACH FL 33415	14 CITY-ST-ZIP	West Palm Bch, FL 33401	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	POOLE, CHARLES J JR.	22 NAME	Poole Charles	
STREET ADDRESS	3670 VICTORIA DR.	23 STREET ADDRESS	2415 Gabriel Lane	
CITY-ST-ZIP	W. PALM BEACH FL 33406	24 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Brian Betron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248348 CP