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

FILED
95 APR 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054659

1. Corporation Name
VOFAX, INCORPORATED

Principal Place of Business
4450 W. EAU GALLIE BLVD #250
MELBOURNE, FL 32934

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: AUG 2, 1993
3a. Date of Last Report: APRIL 1994

2. Principal Place of Business
21 4450 W. EAU GALLIE BLVD
Suite, Apt. #, etc.
22 250
City & State
23 MELBOURNE FL.
Zip
24 32934
Country
25 BREVARD

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 593203914 ☐ 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
CLYDE C. SHAW
717 PALMER WAY
MELBOURNE, FL 32940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	CLYDE C. SHAW	12 NAME	
STREET ADDRESS	717 PALMER WAY	13 STREET ADDRESS	
CITY ST ZIP	MELBOURNE, FL 32940	14 CITY ST ZIP	
TITLE	CEO, CHAIRMAN	21 TITLE	☐ Change ☐ Addition
NAME	BRUCE W. PATON	22 NAME	600001459686
STREET ADDRESS	829 VENTURI CRT	23 STREET ADDRESS	-04/18/95--01128--013
CITY ST ZIP	MELBOURNE, FL 32940	24 CITY ST ZIP	****200.00 ****200.00
TITLE	SEC., V.P.	31 TITLE	☐ Change ☐ Addition
NAME	TIM SUNDERLIN	32 NAME	
STREET ADDRESS	4862 VERONA CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	MELBOURNE, FL 32940	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)(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: Clyde C. Shaw 4-10-95 (407) 259 0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #