FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 AUG 29 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088055 (7)

1. Corporation Name
VOLTECH ENTERPRISES, INC.

Principal Place of Business
~~5425 N.W. 24TH ST.
SUITE 202
MARGATE FL 33063~~

Mailing Address
~~5425 N.W. 24TH ST.
SUITE 202
MARGATE FL 33063~~

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
Voltech Enterprises, Inc
10343 Royal Palm Boulevard
Coral Springs, FL 33065
(305) 752-6392
FAX (305) 752-6721

Voltech Enterprises, Inc
10343 Royal Palm Boulevard
Coral Springs, FL 33065
(305) 752-6392
FAX (305) 752-6721

4. FEI Number: 65-0456239 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 | 25 | 29 | 30

9. **Name and Address of Current Registered Agent**
LEVY, ERIC
~~755 NW 111 WAY~~ 10970 NW 17 Place
CORAL SPRINGS FL 33071-1535

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	☐ DELETE
NAME	LEVY, ERIC	
STREET ADDRESS	10970 NW 17TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	☐ DELETE
NAME	LEVY, LINDA	
STREET ADDRESS	10970 NW 17TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	700001936927	
1.3 STREET ADDRESS	-08/30/96--01067--002	
1.4 CITY-ST-ZIP	****200.00 ****200.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	700001936927	
2.3 STREET ADDRESS	-08/30/96--01067--003	
2.4 CITY-ST-ZIP	*****25.00 *****25.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	8/29	
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 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: Eric Levy 5/1/96 954-752-6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)