APR-29-99 10:06 AM

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Secretary of State
05-15-1999 90026 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000038502**

Corporation Name
ADVANCED VOICE PRODUCTS, INC.

Principal Place of Business
11095 PERCHERON DRIVE
JACKSONVILLE FL 32257

Mailing Address
3617 CROWN PT RD #4
JACKSONVILLE FL 32257
US

05/23/94

FEI# 59-3244131

21 Principal Place of Business: 6034 Chester Ave
22 Suite, Apt. #, etc.: #207
23 City & State: Jacksonville, FL
24 Zip: 32217 25 Country: USA

26 Mailing Address
27 Suite, Apt. #, etc.: #4
28 City & State
29 Zip 30 Country

Certificate of Status Desired [ ] $8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

Name and Address of Current Registered Agent
HERNANDEZ, MEREDITH
3617 CROWN POINT RD #4
JACKSONVILLE FL 32257

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

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 Meredith Hernandez 2/8/99
MEREDITH HERNANDEZ

OFFICERS AND DIRECTORS

[ ] DELETE
MERWIN, KEITH A
~~11095 PERCHERON DRIVE~~
JACKSONVILLE FL 32257
D
11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS 3617 CROWN PT. RD #4
11.4 CITY-ST-ZIP
[ ] Change [ ] Add

[ ] DELETE
MERWIN, SANDRA S
~~11095 PERCHERON DR~~
JACKSONVILLE FL 32257
21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS 3617 CROWN PT RD #4
21.4 CITY-ST-ZIP
[ ] Change [ ] Add

[ ] DELETE
31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY-ST-ZIP
[ ] Change [ ] Add

[ ] DELETE
41.1 TITLE
41.2 NAME
41.3 STREET ADDRESS
41.4 CITY-ST-ZIP
[ ] Change [ ] Add

[ ] DELETE
51.1 TITLE
51.2 NAME
51.3 STREET ADDRESS
51.4 CITY-ST-ZIP
[ ] Change [ ] Add

[ ] DELETE
61.1 TITLE
61.2 NAME
61.3 STREET ADDRESS
61.4 CITY-ST-ZIP
[ ] Change [ ] Add

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 changed, or on an attachment with an address, with all other like empowered.

Keith Merwin President ✓ 4/28/99 (904) 288-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR