

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

DOCUMENT # P95000038301 (4)

1. Corporation Name
VOICESWITCH, INC.



Principal Place of Business
11095 PERCHERON DRIVE
JACKSONVILLE FL 32257

Mailing Address
11095 PERCHERON DRIVE
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified 05/15/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 445 - 26 State Rd 13N

4. FEI Number 59-3315876

Applied For
Not Applicable

22 City & State

27 Suite, Apt. #, etc.
#368

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip

28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Country

29 Zip 32259

30 U.S.A.

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
82 MEREDITH ALLEN HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
445 - 26 St. Rd. 13 N, #368
83
84 City Jacksonville FL 85 Zip Code 32259

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 obligation of, the provisions of the Florida Statutes.

SIGNATURE *Meredith Allen Hernandez*
Signature, handwritten name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

5/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MERWIN, KEITH A
11095 PERCHERON DRIVE
JACKSONVILLE FL 32257

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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:

Keith A. Merwin, President 6-2-96
KEITH A. MERWIN, PRESIDENT (904) 287-0729

Daytime Phone #

CR2E034 (12/95)