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05-08-1999 90063 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # P96000011255

1. Corporation Name
VOICE-TECH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 606 CYPRESS AVE<br>VENICE FL 34292<br>US | 300 ALBA AVENUE EAST<br>VENICE FL 34285 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/01/1996

4. FEI Number: 65-0641226 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 180 Grand Oak Circle |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 Venice, FL |
| Zip 24 / Country 25 | Zip 29 34292 / Country 30 US |

9. Name and Address of Current Registered Agent

BOONE, STEPHEN K ESQ
1001 AVENIDA DEL CIRCO
VENICE FL 34285

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 | PC | ☐ DELETE | 1.1 TITLE | PCT | ☒ Change ☐ Addition |
| NAME | GAROFALO, TIM | | 1.2 NAME | Garofalo, Tim | |
| STREET ADDRESS | 300 ALBA AVENUE EAST | | 1.3 STREET ADDRESS | 180 Grand Oak Circle | |
| CITY-ST-ZIP | VENICE FL | | 1.4 CITY-ST-ZIP | Venice, FL, 34292 | |
| TITLE | VS | ☐ DELETE | 2.1 TITLE | VS | ☒ Change ☐ Addition |
| NAME | GAROFALO, SARA | | 2.2 NAME | Garofalo, Sara | |
| STREET ADDRESS | 300 ALBA AVENUE EAST | | 2.3 STREET ADDRESS | 180 Grand Oak Circle | |
| CITY-ST-ZIP | VENICE FL | | 2.4 CITY-ST-ZIP | Venice, FL 34292 | |
| TITLE | P | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAYN, CLAUDE | | 3.2 NAME | | |
| STREET ADDRESS | 300 ALBA AVE E | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BELGAU, STEVE | | 4.2 NAME | | |
| STREET ADDRESS | 3188 HERCULES ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL 34293 | | 4.4 CITY-ST-ZIP | | |
| TITLE | T | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JONES, KENNETH | | 5.2 NAME | | |
| STREET ADDRESS | 204 ESTIL DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. 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.

**SIGNATURE:** Tim Garofalo Tim Garofalo 4/29/99 941-486-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)