

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90130 048 ***150.00

DOCUMENT # P97000010450

1. Corporation Name
VOCAM S.E., INC.

Principal Place of Business
7061 GRAND NATIONAL DRIVE
150
ORLANDO FL 32819
US

Mailing Address
7061 GRAND NATIONAL DRIVE
150
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

59-3425493

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORY, JENNIFER L
C/O LAVIGNE & LANE PA
7061 GRAND NATIONAL DRIVE 150
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name Vincent D. Balletto

82 Street Address (P.O. Box Number is Not Acceptable)
3956 Town Center Blvd.

83 Suite 165

84 City Orlando

FL 85 Zip Code
32837

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 Vincent D. Balletto
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BOYLE, HENRY F
STREET ADDRESS 2485 RUNYON CIRCLE HUNTER'S CREEK
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ DELETE
NAME BOYLE, MARGARET
STREET ADDRESS 2485 RUNYON CIRCLE HUNTER'S CREEK
CITY-ST-ZIP ORLANDO FL 32837

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 P/T ☒ Change ☐ Addition
1.2 NAME Henry F. Boyle
1.3 STREET ADDRESS 2485 Runyon Circle
1.4 CITY-ST-ZIP Orlando, FL 32837

2.1 TITLE V/S ☒ Change ☐ Addition
2.2 NAME Margaret Boyle
2.3 STREET ADDRESS 2485 Runyon Circle
2.4 CITY-ST-ZIP Orlando, FL 32837

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
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

(407) 363-9623
Daytime Phone #

0100197

CR2E034 (1/98)