

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

DOCUMENT # P97000034000

1. Corporation Name  
VOICELINK OF FLORIDA, INC.

Principal Place of Business  
1000 WEST MCNAB  
POMPAHO BEACH FL 33069

Mailing Address  
1000 WEST MCNAB  
POMPAHO BEACH FL 33069

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90062 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/15/1997

4. FEI Number  
65-0746697

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

2a. Mailing Address

26 3120 Medlock Bridge Rd

27 Suite, Apt. #, etc.  
F-150

28 City & State  
NORCROSS GA

29 30071-1469 30 Gwinnett

9. Name and Address of Current Registered Agent

BODNER, MARK G  
PTARICIA LOURMAIS, P.A.  
309 LAKE AVENUE  
LAKE WORTH FL 33460

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 PCOO ☐ DELETE  
NAME PAGE, VAN  
STREET ADDRESS 3120 MEDLOCK BR RD #F150  
CITY-ST-ZIP NORCROSS GA 30071-1469

TITLE CEO ☐ DELETE  
NAME THOMAS, ROBERT V  
STREET ADDRESS 1300 N WALNUT HILL LANE  
CITY-ST-ZIP IRVING TX 75038

TITLE DOM ☒ DELETE  
NAME CHERRY, ERVIN  
STREET ADDRESS 2505 CENTER STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

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 S VP + D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE T + D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE P + D ☐ Change ☒ Addition  
4.2 NAME Chris Kelleher  
4.3 STREET ADDRESS 3120 Medlock Br. Rd. #F150  
4.4 CITY-ST-ZIP Norcross, GA 30071-1469

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:

Van Page Secretary

3/14/99

770.416.4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #