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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S90327

(5)

**VOICE PILOT TECHNOLOGIES. INC.** 

FILED
May 06 1998 8:00am
Secretary of State

10102	. Pied Teorinoedaies, ii						
Principal Piac	ee of Business	Mailir	ng Address				E CONTROLO TEO SALIS DELIAD ESTED ESTAS TORS DIRECT CONTROL CO
15500 NEW BARN RAOD			15500 NEW BARN RAOD SUITE 105 MIAMI LAKES FL 33014				
SUITE 105   Miami Lakes FL 33014							DO NOT WRITE IN THIS SPACE
US			US				3. Date Incorporated or Qualified
· -							10/28/1991
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
	00 New Barn Road		1				59-3270215 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Section 48.75 Additional
22 City & State			City & State				Fee Required
<b> </b>			ר י				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible
24	' <u>  </u>			30			Personal Property Tax due June 30. Yes No
	p. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New Registered Agent
D/	AVID SLACHTER				81	Name	· · · · · · · · · · · · · · · · · · ·
	500 NEW BARN ROAD				62	Street Ac	ddress (P.O. Box Number is Not Acceptable)
	JITE 105			,			
MI	IAMI LAKES FL 33014				83		
				i	84	City	85 Zip Code
							orporation submits this statement for the purpose of changing its registered
office or agent. I a	Signature typed or printed name of registered ap	pent and title if ap	op Leable (NO				oration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN	ID DIRECTO		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		L_J DELETE	1.1 18			Director Addition
NAME	SLACHTER, DAVID	TC 460		1.2 N/			
STREET ADDRESS	15500 NEW BARN ROAD, S	IE 105				ADDRESS	
CITY-ST-ZIP TITLE	MIAMI LAKES FL		DELETE	1.4 CI 2.1 TI		1 - ZIP	PD Change Addition
NAME	DP		octen		2.1 INCL 2.2 NAME		ROLF C. RUDESTAM
STREET ADDRESS						ADDRESS	613 Villa Grove
CITY-ST-ZIP				2.40			Big Bear Lake, CA 92315
TITLE			DELETE	3.1 TI		211211	DS Change Addition
NAME	-			3.2 N/	ME	ļ	MICHAEL REIS
STREET ADDRESS				3.3 ST	REET	ADDRESS	16711 Collins Avenue, Apt. 1906
CITY-ST-ZIP				3.4. C	<u> ΙΤΥ -</u> S	IT-ZIP	Miami, Florida 33160
TITLE			DELETE	4.1 TI	TLE		D Change 🗗 Addition
NAME				4. 2 N	AME	Į	LEE FELDMAN
STREET ADDRESS				4.3 ST	REET	ADDRESS	41 Marseilles
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	4.4 CI	1Y-S	T-ZIP	Laguna Niguel, CA 92646
TITLE			☐ DELETE	5.1 TI	LE		Change Addition
NAME				52 N/	AME	-	
STREET ADDRESS				5.3 S1	REET	address	
CITY-ST-ZIP				5.4 CI		T-ZIP	
TITLE			☐ DELETE	6.1 TI		Į	Change Addition
NAME				6.2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	partiful that the information provided in	uith this files	door not guelle.	6.4 Cl			in Section 119 07/9Vi) Florida Statutos Lituther certify that the information

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 eath; that I am an officer or director of the corporation or the receiver or trusted enumpowered 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 accuracy.

4/28/00

305.928.5600