

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 # 511368

(3)

1. Corporation Name

VERSACHEM CORPORATION



Principal Place of Business

6643 42ND TERRACE NORTH
WEST PALM BEACH FL 33407

Mailing Address

6643 42ND TERRACE NORTH
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
08/19/1976

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1688046

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANEY, AGNES
6643 42ND TERRACE NORTH
WEST PALM BEACH FL 33407

81 Name Susan J. Bonino

82 Street Address (P.O. Box Number is Not Acceptable)

6643 42nd Terrace N

83

84 City West Palm Beach

FL

85 Zip Code

33407

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

Susan J. Bonino

(NOTE: Registered Agent signature required when reinstating)

3/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COSTELLO, RONALD
STREET ADDRESS 6643 42ND TERRACE, N.
CITY-ST-ZIP WEST PALM BCH FL ☐ DELETE

TITLE DV
NAME GALLOPO, CHARLES
STREET ADDRESS 6643 42ND TERRACE NO
CITY-ST-ZIP WEST PALM BCH, FL 00000 ☐ DELETE

TITLE VD
NAME PHILLIPS, A. SCOTT
STREET ADDRESS 6643 42ND TERRACE, N.
CITY-ST-ZIP WEST PALM BCH FL ☐ DELETE

TITLE D
NAME PRIOR, RONALD
STREET ADDRESS 1600 STEWART AVE.
CITY-ST-ZIP WESTBURY NY ☐ DELETE

TITLE S
NAME BLANEY, AGNES
STREET ADDRESS 6643 42ND TERRACE, N.
CITY-ST-ZIP WEST PALM BCH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE S
5.2 NAME Susan J. Bonino
5.3 STREET ADDRESS 6643 42ND TERRACE N
5.4 CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
300001756773
-03/26/96--01028--012
***200.00

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:

Susan J. Bonino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)