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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 550280

VERSATECH INC.

Mailing Address

FILED Jun 16 1997 8:00am Secretary of State



2926 NW 17TH TERR FT LAUDERDALE FL 33311		2926 NW 17TH TERR FT LAUDERDALE FL 3331	2926 NW 17TH TERR FT LAUDERDALE FL 33311-1502			
				3. Date Incorporated or Qualified 10/28/1977	3a. Date of Last Report 06/25/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1783490	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30		☐ Yes 121 No	
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New R	egistered Agent	
	ER, AOBERT R.		81 Name	WELLS J. CONNIE		
2926 NW 17TN TER FT LAUDERDALE, FL 33311			82 Street			
- 333	"		63			
•			84 City	Ft. Lauderdale	FL 85 Zip Code 33311	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the coration's board of directors. I hereby acceptance	purpose of changing its registered	
agent. I a	m familiar with, and accept the c	bligations of Section 607.0505. Fi	authorized by the con orida Statutes.	solution's board of directors. Thereby acce	ept the appointment as registered	
SIGNATURE	COMMU 4.1	KLESSI - PA	redeat	(6-10-97	
12,		od agent and little if applicable (NOT SAND DIRECTORS	E Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFI	Dirit	
TITLE	PD	DELETE	1.1 TITLE	D	Change X Addition	
NAME	BAKER, ROBERT R	A73	1.2 NAME	WELLS, CONNIE J.		
STREET ADDRESS	4829 NE 127H AVE		1.3 STREET ADORESS	2926 N.W / 7th Terr.		
CITY-ST-ZIP	ft lauderdäde fl		1.4 CITY - ST - ZIP	Ft. Lauderdale, Fla.	33311	
TITLE		DELETE	21 TITLE		Change Addition	
NAME			2 2 NAME		İ	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME		1	
STREET ADDRESS			3.3 STREET ADDRESS		1	
CITY-ST-ZIP		The second	3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		1	
STREET ADDRESS			4.3 STREET ADDRESS		ļ	
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY - \$1 - ZIP 5.1 TITLE		Change Addition	
ı		C DECLIE			C change C Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	6.1 TILE		Change Addition	
NAME			6.2 NAME		- Country - Country	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
VI				1		

14. I do 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.

SIDINO MARCHION DAVIS

11-10-61

OCU-120 1009