

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

FILED

Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 842480 (6)

1. Corporation Name  
VERSA CONTRACT PRODUCTS, INC.

Principal Place of Business  
20112 NORTHCOTE DRIVE  
BOCA RATON FL 33434

Mailing Address  
27636 75TH ST  
SALEM WI 53168-9530  
US



3. Date Incorporated or Qualified 01/29/1979  
3a. Date of Last Report 02/05/1996

2. Principal Place of Business

2a. Mailing Address  
1515 WEST 2200 SOUTH

4. FEI Number 59-1863054  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 SALT LAKE CITY, UT

Zip

Country

24

25

29 84119

30

US

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 of person authorized to register agent and file (applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MICECH, PAUL	
STREET ADDRESS	27636 75TH ST	
CITY-ST-ZIP	SALEM M	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, NEIL LAWRASON	
STREET ADDRESS	1184 CAREY RD.	
CITY-ST-ZIP	OAKVILLE, ONT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID ANDERSON	
1.3 STREET ADDRESS	1515 WEST 2200 SOUTH	
1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84119	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (I changed it) on an attachment with an address.

SIGNATURE: *David Anderson* DAVID ANDERSON  
SECRETARY / TREASURER

(801) 954-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)