

**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

**FILED**

98 MAR 16 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **F95000001743 (2)**

1. Corporation Name  
**VERSAPHARM INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 7509  
MARIETTA GA 30065-1509

P.O. BOX 7509  
MARIETTA GA 30065-1509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1995**

4. FEI Number

**58-2146739**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATE RESEARCH SERVICES**  
3334 SHELLE RD.  
HAVANA FL 32333

81 Name  
**Corporation Service Co.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

84 City  
**Tallahassee**

85 Zip Code  
**FL 32301**

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

*Grace Shelley*  
Signature typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WARE, R. JOE</b>	
STREET ADDRESS	<b>200 N. COBB PKWY. SUITE 210</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30062</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, GERALD B</b>	
STREET ADDRESS	<b>200 N. COBB PKWY. SUITE 210</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MERIDETH, SHELLEY G</b>	
STREET ADDRESS	<b>200 N. COBB PKWY. SUITE 210</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30062</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>200002459852--4</b>
1.4 CITY-ST-ZIP	<b>-03/17/98--01078--005</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>***150.00 ***150.00</b>
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 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.

SIGNATURE: *Gerald B Brown*

02/10/98 770-499-8100

CR2E034 (10/97)