

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J39381** (5)

1. Corporation Name
VERTISYS, INC.



Principal Place of Business Mailing Address
6251B PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

3. Date Incorporated or Qualified **10/27/1986** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2813188** 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

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 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

FLORENTINO, LEONARD
6251 B. PARK OF COMMERCE BOULEVARD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D LIEBERMAN, FRED**
STREET ADDRESS **6251 B PARK COMMERCE BLV**
CITY-ST-ZIP **BOCA RATON FL**
TITLE ☐ DELETE
NAME **DP FLORENTINO, LEONARD**
STREET ADDRESS **6251B PARK COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON FL**
TITLE ☐ DELETE
NAME **DT SIBLEY, CONNIE**
STREET ADDRESS **6251B PARK COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON FL**
TITLE ☐ DELETE
NAME **V PELLEGRINI, JOSEPH**
STREET ADDRESS **6251 B PARK OF COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **PAMELA MALIK**
5.3 STREET ADDRESS **6251-B. Park of Commerce Blvd. N.W.**
5.4 CITY-ST-ZIP **BOCA RATON, FLORIDA 33487-8202**
6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/96 (407) 994-4882
Date Daytime Phone #

CR2E034 (12/95)