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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

5613986434

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY - \$1 - ZIP

appears in Block 12 or Block

DOCUMENT # P9400051557 (4)

VERSATECH OF METRO WASHINGTON D.C., INC.

Principa! Place of Business Mailing Address ATRIUM FINANCIAL CTR ATRIUM FINANCIAL CTR 1515 N FED HWY STE. 214 1515 N FED HEY STE 214 **BOCA RATON FL 33432** BOCA RATON FL 33432-1952 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1994 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0514925 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country  $Z_{\rm ID}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HOPKINS, JOHN O JR. 4800 N FED HWY STE 304D Street Address (P.O. Box Number is Not Acceptable) SUITE 110 83 **BOCA RATON FL 33431** R4 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE D 1.1 TITLE Lennox, vincent Jr. NAME 12 NAME 433 PLAZA REAL, SUITE 275 STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33432 1.4 CITY-ST-ZIP CITY-SI-ZIP ☐ DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-SI-ZIP Addition DELETE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDIFESS 4.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE THILE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition 61 TITLE THILE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certily 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 of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name