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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

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	0014177

VERSATILE SOLUTIONS INCORPORATED



Principal Place of Busin 306 WEST SAUNOE PLANT CIPY FL 335	érs street	Mailing Address 306 WEST SAUNDERS PLANT_CHTY FL 33566	STREET	3. Date through 1995 or Qualified	3a. Date of Last Report /ST: ANNUAL
2. Principal Place of B	Business Busch BLVD	2a. Mailing Address 26 48/5 E. Bus	CH BLUD	4. FEI Number 59- 329 740 5	Applied For Not Applicable
Suite, Apt. #, etc.	UNUMIT WEVE	Suite, Ap t. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 103		27 10 3		6. Election Campaign Financing	Fee Required \$5.00 May Be
Ony & State TAMPA	FL	City & State 28 TAMPA	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation has liability for Florida Statutes	intang:ble tax under s. 199.032. 🔲 No
433617	25 Hills Barelle lame and Address of Curren		30 HILLSBOROW	10. Name and Address of New F	
PLANT CITY 11. Pursuant to the p	FL 33566 Provisions of Sections 607.0502 at or both in the State of Flori	da. Siich chande was authorze:	83 Su 84 City TA s, the above named corporation's bo	MO CHANG dress (P.O. Box Number is Not Acceptal ST 5 F. BUSC H TTE 103 MPA coration submits this statement for the pulard of directors. Thereby accept the approximate the property accept the approximation of the pular of	FL 85 Zip Code 7
familiar with, and	accept the obligations of, Sect	tion 607.0505, Florida Statutes.	- DEALT	2	-27-96
Signature	, typed or pointed name of registers Jagent		E: Hagisteren Agrint samafure region	irens Algren (Genz, Apriló)	FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	P/T/C	☐ Change
TITLE	CHAUSE	₹ <i>†</i>	1.2 NAME	IRRAY D LAMBERT	
NAME JE			1.3 STREET ADDRESS	JERRY D. LAMBERT 304 W. SAUNDERS	s <i>r</i> .
STREET ADDRESS	, ,		1.4 CHY-SI-ZIP	PLANT CITY FL 33	566
DITY-ST-ZIP		DELETE		15/0	Change Additio
		hand = =====	2.2 NAME	TURES O NIATE	A
NAME				1/30MXAS 6./7/// 1 4	
STREET ADDRESS			2.3 STREET ADDRESS	4115 STONEGATE	مراكن و
CITY C1 7ID			2.3 STREET ADDRESS	THOMAS 6. MATE 14115 STONEGATE 1 TAMPA FL 336	24
		☐ DELETH	2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THUT	TAMPA FL 336	24
T:TLE		□ DELETE	2.4 CITY - ST - ZIP	HIIS STONE GATE A TAMPA FL 336	24
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that his significant; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR