FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000077694 (4)**

1. Corporation Name

VERSATILE SUPPORT SERVICES, INC.

Principal Place of Business
POST OFFICE BOX 970932
BOCA RATON FL 33497-0932

Mailing Address
POST OFFICE BOX 970932
BOCA RATON FL 33497-0932

3. Date Incorporated or Qualified: 10/10/1995

3a. Date of Last Report: N/A

4. FEI Number: 65-0612114 ☐ 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
21: 3415 ALADDIN WAY
22: Suite, Apt. #, etc.:
23: City & State: POMPANO BEACH FL
24: Zip: 33065-6122 25: Country: BAHAMAS

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip: 30: County:

9. Name and Address of Current Registered Agent

PARE, ELAINE A
10930 LAKEMORE LANE #203
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name: THOMAS A. COWDEN
82 Street Address (P.O. Box Number is Not Acceptable): 3415 ALADDIN WAY
83:
84 City: POMPANO BEACH FL 85 Zip Code: 33065-6122

11. Pursuant to the provisions of Sections 607.0502 and 607.1320, 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: X _____ X 7-23-96
(Signature of or printed name of Registered Agent) (Date) (If Registered Agent is a corporation, the officer or director signing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARE, ELAINE A POST OFFICE BOX 970932 BOCA RATON FL 33497-0932	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES/DIRECTOR THOMAS A. COWDEN 3415 ALADDIN WAY POMPANO BEACH FL 33065-6122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPOS, PAULA M POST OFFICE BOX 970932 BOCA RATON FL 33497-0932	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: X _____ X 7-23-96 X (954) 968-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)

CR2E034 (12/95)