1998 DIVISION OF CO	PROPATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P96000066830		
VERSATILE SERVICES INC		
Principal Place of Business Mailing Address		
4798 NW 41 ST		DO NOT WRITE IN THIS SPACE
LAUDERDALE LAKES FI 3313	4	3. Date Incorporated or Qualified 08/12/96
2. Principal Place of Business 2a. Mailing Address 21		4. FEI Number Applied For Not Applied For Not Applied For Applied For Not Applied For Appl
Suite, Apt. #, etc. Suite, Apt. #, etc. 22		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State 23 28	-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip 24 25 29 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent	-	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 181 Name LARRY MATTHEWS		
343 ALMERIA AUE	82 Street Addr	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134	83	
,		A-LOCKA FL 85 Zip Code 33056
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 farmer with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Farm Malkeus 231/98		
Sprature typed or profron name or registered agent and title if applicable (NOTE RE) OFFICERS AND DIRECTORS	agistared Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PIST	1 1 TITLE	☐ Change ☐ Addition
NAMES WORLEY	1 2 NAME	
STREET ADDRESS 4798 NW VI ST #101	1 3 STREET ADDRESS	7000027103772
CITY-ST-ZIP LANDER DALE LAKES FR 33134	1 4 CITY - ST- ZIP	-12/11/98-01097-003
	21 TITLE	****550.00
NAME LARRY MATTHEWS	2 2 NAME	
STREET ADDRESS 17331 NW 29 AVE CITY-ST-ZIP DPALOLKA FL 33056	2 3 STREET ADDRESS	
TITLE DELETE DELETE	2 4 CITY+ST-ZIP 3 1 TITLE	Change Addition
NAME	3 2 NAME	Change LJ Addition

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZiP

3.4, CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

IGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

DELETE

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

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

PROFIT

CORPORATION

ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

TITLE

NAME

TITLE

NAME

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 chapted, or on an attachment with an address.

Change

☐ Change ☐ Addition

Change Addition

HPPRUYEL FAND

98 DEC -8 PM 4:50 .