

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 30 AM 8:57

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046671

1. Corporation Name

VERSA VEST, INC.

|   |   |
|---|---|
| Principal Place of Business<br>258 NW 1 AVENUE<br>FLORIDA CITY FL 33034<br>US | Mailing Address<br>PO BOX 800460<br>HOMESTEAD FL 33080-0460<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                                |  |
|---|--------------------------------|--|
| 3. Date Incorporated or Qualified<br>05/23/1997   | 4. FEI Number<br>65-0753984    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |  |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent

RABIN, JEFFERY B JEFFREY  
258 NW 1 AVENUE  
FLORIDA CITY FL 33034

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PD RABIN, JEFFERY B <input type="checkbox"/> DELETE | 11 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RABIN, JEFFERY B                                    | 12 NAME   | JEFFREY  |
| STREET ADDRESS             | PO BOX 800460                                       | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | HOMESTEAD FL 33080-0460                             | 14 CITY-ST-ZIP  |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       | 3/30/99 90030-040 \$150.00   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: 3/25/99 (305) 242-5154  
Daytime Phone #

7/14/99  
(20)

01/1995

CR2E034 (1/199)