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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059105

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90246 044 ***150.00

VERSAT	EC ASSOCIATES, INC.													
Principal Plac	e of Business	Ma	iling Addre	SS	_					III I uu ii bu iii		01 8 3 01410 10	ii () () ()	18181 A111 1991
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2 Principal P	Place of Business		Mailing Ad	ddress				4. FEI 1				-	Apr	plied For
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23		28						Trust	t Fund Contr	ibution			Added t	o Fees
Zip	Country	<u></u>	Zip		Cou	ntry		l l	corporation of		ırrent year			п.
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·	9. Name and Address of Curren	π Kegisi	terea Ager	nt	-	81	Name	TV. Nam	ie and Addr	BBN 10 GEB	Vohistei	ou Ayer		
BAK	ER, VAN C													
	1 58TH WAY NORTH		•			82	Street Add	dress (P.O. B	lox Number is	s Not Acce	otable)	-		
	PETERSBURG FL 33710					83				•				
}					,									
						84	City	_			F	= J 85	Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 60	07.1508, FI	lorida Statu	ites, the a	pove-	named con	rporation subr	mits this state	ement for th	e purpose	of chan	ging its	registered
11. Pursuant office or tagent. La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 60 of Florid	07.1508, Fl la. Such ch Section 60	lorida Statu nange was a 07.0505, Flo	ites, the a authorized orida Stati	bove- by thutes.	-named corporation	rporation subr tion's board o	mits this state of directors. I	ement for the hereby acc	e purpose ept the ap	of chan	ging its it as req	registered gistered
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 60 of Florid tions of,	07.1508, Fl la. Such ch Section 60	lorida Statu nange was a 07.0505, Flo	ites, the a authorized orida Stati	bove- by that	-named corporati	rporation subr tion's board o	mits this state of directors. I	ement for the			ging its it as req	registered gistered
11. Pursuant office or ragent. I a	Signature, typed or printed name of registered ager	nt and title if	f applicable.		E: Registered			ired when reinstatin	ng)		DATE			
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if	f applicable.	(NOT	E: Registered	Agent		ired when reinstatin			DATE	AND DI	RECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: