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

DOCUMENT # P98000073554

VERSAILLES GROUP, INC.

	,
Principal P ace of Business	Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90187 014 ***150.00



					— —		JI BIINI WAR IBBI
Principal Pace	of Business	Mailing Address					
9940 TREASURE		9940 TREASURE CAY LAHE					
BONITA_SPEINGS_FL_34135 BONITA_SPRINGS_FL_34135			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					08/24/1998		
	- I During	2a. Mailing Address			4. FEI Number	1	Applied For
	ace of Business	<u></u>			4, I LI WHIDE	74	lo Applicable
		Suite, Apt. #_etc.					Additional
Suite, Apt. :	'ATINLEAF RD NORTH		(E)		5. Certifcate of Status Desired		Re quired
22 6410 S		City & State			6. Election Campaign Financing		May Be
<u> </u>		28	_		Trust Fund Contribution		to Fees
23 NA'L	Country	Zip	Country	,	8. This corporation owes the current year I		
24 34 10		29 3	_ `		Personal Property Tax.	Yes	X No
24 34 10	9. Name and Address of Current	11	<u> </u>		10. Name and Address of New Register	d Agent	7
	5. Haine and Address of Current	registered Agent	81	Name			
AME	RILAWYER						
	ALMERIA AVENUE		82	Street	A Idress (P.O. Bo (Number is Not Acceptable)		
	AL GABLES FL 33134		83				
				-		or Zie	C ode
			84		<u> </u>	L ¯ ¯ ˙	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the purpose	of changing it	ts registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligate	r Fiorida. Such change was aut ons of, Section 607.0505, F orid	norized by la Statute:	tne corpo S.	oration's board of directors. I hereby accept the app	onnunent as i	ethaterea
SIGNATURE		•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO E: R	agistered Age	nt signature r	rec uired when reinstating DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			Change Change	Addition
NAME	D'ANGELO, JOSEPH		1.2 NAME		(come)		
STREET ADDR :SS	9940 TREASURE CAY LANE	c	1.3 STREE	TADDRESS	1 3440		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-5	T-ZIP	(
TITLE	VD	☐ DELETE	2.1 TITLE		(SAME)) UNIT # 104 J-6910 SATINCEAF RD 12	Change	e 🗀 Addition
NAME	MCCORMACK, RICARDO		2.2 NAME		JUNE 107	rost	
STREET ADDR :SS	9940-TREASURE CAY LANE		2.3 STREE	TADDRESS	1-6910 SATINCEME 120 1-	OPIN	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		2. 4 CITY	ST-ZIP	NAPLES, FLA 34102		
TITLE	STD	☐ DELETE.	31 TITLE			Change	Addition
NAME	TENARO, RONALD N		3 2 NAME	- {		•	
STREET ADOR ESS	9940 TREASURE CAY-LANE	_//	3.3 STREE	TADDRESS	- (Same)		ļ
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e ☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-1				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	e Addition
NAME		—	5.2 NAME			·	
1				T ADDRESS			
STREET ADDRESS			54 CITY-1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	e Addition
TITLE			6.2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS			0.0 STREE	., ~~~!\Lu\			

14. There by certify that the information supplied with this filing does not qualify or 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 the information officer or director of the corporation of 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 from an attachment with an address, with all other like empowered.

SIGNATURE: