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 # P98000085985

Corporation Name

VERSATILE CONCEPTS.COM, INC.

Principal Place of Business

Mailing Address

7022 CHARLESTON SHORES CIR. STE 105

7022 CHARLESTON SHORES CIR. STE 105

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90034 031 ***150.00

|--|

LAKE WORTH F	AKE WORTH FL 33467 LAKE WORTH FL 33467			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	11 1110 01 1102		
				10/07/1998		}	
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For	
7334	ASMEY SHORES GRE		SHORES GRO	15-0867376	Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		\$8.75 AG	dditional	
22	•	27		5. Certifcate of Status Desired	Fee Req	uired	
City & State	• 11	Qity & State	<u></u>	6. Election Campaign Financing	- \$5.00 N	vlay Be	
23 LAKE	WORTH PC	28 LAKE WOR	TH PL	Trust Fund Contribution	Added to	Fees	
Zip	Cc try	70	C', C' Z' 10	8. This corporation owes the current			
24 3 <i>346</i>	<u> </u>		054	Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent	04 N	10. Name and Address of New Reg	stered Agent		
COL	EMAN ANTHONY C ID		81 Name	OREMAN KICHARI	<i>></i>		
COLEMAN, ANTHONY G JR				idress (P.O. Box Number is Not Acceptable	Care		
7022 CHARLESTON SHORES CIR, STE 105 LAKE WORTH FL 33467				339 ASHLEY JHOL	63 URCL	<i>4</i> 5	
LANC	WORITI FL 33407		83	/			
			84 City /	111 001	85 Zip C	ode	
			LA	LE WORTH	FL 33	76Z	
11. Pursuant	to the provisions of Sections 607,0502	! and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above-named co horized by the corpora	proporation submits this statement for the pur ation's board of directors. I hereby accept the	pose of changing its r ie appointment as reg	istered	
agent. I a	m tamiliar with, and aecept in obligati	ighs/or, section our obos, Florid	la Statutes.	1-10	^-	J	
SIGNATURE	0-13	KICHARD FOREMA			DATE	}	
	Signature, typed or printed name of registered agent OFFICERS ANI	<u> </u>	tegistered Agent signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
12.	0	□ DELETE	1.1 TITLE	ADDITIONS/GIANOCO TO OTTA	Change	Addition	
NAME	FOREMAN, RICHARD		1.2 NAME		, ,		
	7022 CHARLESTON SHORES C	ND STE 105	1.3 STREET ADDRESS	2339 ASHEY CLOSES	GRUE		
STREET ADDRESS	LAKE WORTH FL 33467	MI, OIL 100	1.4 CITY-ST-ZIP	1339 ASHEY SHORES	33467		
CITY-ST-ZIP	LANC WOMEN TO COTO	☐ DELETE	2.1 TMLE	A CHAIR , C	Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		•		
TITLE		☐ DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			_	
TITLE		☐ DELETE	5.1 TITLE		Change	Addition)	
NAME			5.2 NAME	•	•	ſ	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-Z I P			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 chapted, or an attackment with an address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-98

561-707-9609

Daytime Phone i