## 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 Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90033 046 \*\*\*158.75

		· · · · · · · · · · · · · · · · · · ·					
1. Corporation							
VERSATE	ECH INDUSTRIES, INC.						
						<u> </u>	
Principal Place	of Business	Mailing Address			·		
ATRIUM FINANC		ARTRIUM FINANCIAL CTR 1515 N FEREDRAL HWY STE 214					
1515 N FEDERAL HWY STE 214 BOCA RATON FL 33432		BOCA RATON FL 33432		DO NOT WRITE IN TH	IIS SPACE		
US		US			3. Date incorporated or Qualifed		
					04/15/1992	•	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26		65-0327701		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	• \$8.75 A		
22		27				<del> </del>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to	· .	
23		Zip Country				71 003	
Zip Country		29 30		8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curren		301		10. Name and Address of New Registere	ed Agent	,
	3. Italie and rediess of Carrott	, nogotorou / igen.	81	Name			
LENNOX, VINCENT J JR					A LL CO O Down Marketon No. 1 A contratable		
1515		82	Street	Address (P.O. Box Number is Not Acceptable)	-		
BOC	A RATON FL 33432		83				
						ne! 7:- C	
			84	City	F	E 85 Zip C	,ode
11. Pursuant	to the provisions of Sections 607.050	and 607.1508, Florida Statutes	s, the abov	e-named	corporation submits this statement for the purpose	of changing its	registered
office or re	egistered agent, a both, in the State	of Florida, Such change was autions of Section 607,0505, Flori	thorized by da Statutes	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as reg	iisterea
1	in landing that the decision of the						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: I	Registered Age	nt signature r	equired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
TITLE	PCE0	☐ DELETE	1.1 TITLE		Add to the same		_
NAME	LENNOX. VINCENT J JR		1.2 NAME		1515 N. FEDERAL HWY	STE 214	<i>f</i>
STREET ADDRESS	433 PLAZA REAL		1.3 STREET ADDRESS		1212 W. LEDRENI U.		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-5	T-ZIP	00/012	Chongo	Addition
TITLE		☐ DELETE	2.1 TITLE		VICE PRESIDENT ANTHONY TROMBETTA 1515N. FEDERAL HUY BOCA RATON, FLASY	☐ Change	Addition
NAME			2.2 NAME		ANTHONY TROMBETTA		
STREET ADDRESS			2.3 STREET ADDRESS		1515 N. FEDERAL HWY	PIESIA	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		BOCA RATON, FI 834	Change	Addition
TMLE	DELETE		3.1 TITLE		•	- Change	L Acquiron
NAME			3.2 NAME				ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE				
NAME			4, 2 NAME				
STREET ADDRESS				TADORESS			,
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME		·	5/10/19 <sup>6</sup>	
NAME				T ADDRESS		•	•
STREET ADDRESS			5.4 CITY-5				į
CITY-ST-ZIP		DELETE	6.1 TITLE	/1 * £.If		Change	Addition
TITLE			6.2 NAME				
NAME				TADDRESS			
STREET ADDRESS			6.4 CITY-5		·		
CITY-ST-ZIP	portify that the information equalised wi	th this filing does not qualify for			in Section 119 07(3)(i) Florida Statutes, I further	certify that the ir	nformation

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 emptywered 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 AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

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