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

FILED Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT #** (8) 447285 TROUBLE-SHOOTERS, INC. Principal Place of Business Mailing Address 13750 SW BOTH COURT 13750 SW 80TH COURT MIAMI FL 33158 MIAMI FL 33158 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-1517994 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOCOUREK, ROBERT J. 13750 SW 80 CT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33158** 83 City Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered section 607.0505, Florida Statutes. 11. Pursuant to the prov office or registered  $\sigma$ . Karounell **SIGNATURE** 12. FFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE KOCOUREK, ROBERT J NAME 1.2 NAME 13750 SW 80TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - \$1 - 2IF DELETE Change Addition TITLE 21 TITLE KOCOUREK, DONALD J NAME 22 NAME 13750 SW 80TH COURT STREET ADDRESS 2.3 STREET ADDRESS Miami Fl CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change \_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition | TITLE 6.1 TITLE NAME 6.2 NAME

indicated on this annual repo officer or director of the corp Block 12 or Block 13 if chang

6.3 STREET ADDRESS

ng closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

If report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an Trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

STREET ADDRESS

14. I hereby certify that the information

supplied with this

CITY-ST-ZIP