## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P95000085440 (2)

**VERSATILE TROUBLESHOOTING & MAINTENANCE, INC.** 

Principal Place of Business 11908 SW 12 STREET

PEMBROKE PINES FL 33025

Mailing Address

11908 SW 12 STREET PEMBROKE PINES FL 33025



2.   Mailing Address   2.   Mailing Address   3.   4.   FEI Number   65-0627933   Applied For   1.   1.   1.   1.   1.   1.   1.   1							3. Date Incorporated or Qualified 11/07/1995				
Surve, April	<ol><li>Principa' Pia</li></ol>	2. Principa' Place of Business 2a. Mailing Address						4		Applied For	1
Surface   Surf	21	<del>-</del>	26				65-0627933				1
28	ere and	27					5. Certificate of Status Desired		\$8.75	5 Additional	
Trust Fund Contribution   Added to Fees	— ´		City & State				6. Election Campaign Financing		\$5.0	May Re	1
28											
MAHAN, STEVEN D 11908 SW 12 STREET PEMBROKE PINES FL 33025  83  84 Orly  FL 85 Zip Code  11. Pursuint to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficilia. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ficilia. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ficilia. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am make the appointment as registered agent. I am for the purpose of changing its registered office or registered agent, or both, in the State of Ficilia. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose o		hn '	h-n								
MAHAN, STEVEN D 11908 SW 12 STREET PEMBROKE PINES FL 33025  84 City FL 85 Zp Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the opporationent is registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the opporationent is registered office familiar with, and accept the opporation is board of directors. I hereby accept the opporations is registered office of sections of the provisions of the pr	[24]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1	_			
MAHAN, STEVEN D 11908 SW 12 STREET PEMBROKE PINES FL 33025  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Honda Statutes, the above named corporation submits this statement for the purpose of changing its registered office for ring stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am semilar with, and accept the obligations of, Section 607,0502, Florida Statutes.  SIGNATURE:  Signature:  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. In THE Change Addition  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  29.		g. Name and Address of Curre	nt Registered Agent		04	Janus	10. Name and Address of New Ro	gistered	Agent		1
11908 SW 12 STREET PEMBROKE PINES FL 33025  84					<b>"</b>	vame					
PEMBROKE PINES FL 33025  84					82 5	Street Addres	ss (P.O. Box Number is Not Acceptable	9)			1
B4   City   FL   B5   Zip Code											
### Deleter   13 Street Address   13 Street Address   14 City - St - 2ip   1988	PEMBF	ROKE PINES FL 33025			83						
SIGNATURE  Suputor, best or protect received various accept the obligations of, Section 607.0505, Floods Statutes.  SIGNATURE  Suputor, best or protect received various accept the appointment as registered agent. Lam  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DU D DELETE 1.1 TITLE  MAHAN, STEVEN D 11908 SW 12 STREET  DELETE 2.1 TITLE  MAHAN, STEVEN D 11908 SW 12 STREET  DELETE 2.2 NAME  STREET ADDRESS  CITY ST. 2IP  DELETE 2.3 STREET ADDRESS  CITY ST. 2IP  DELETE 3.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY ST. 2IP  DELETE 3.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY ST. 2IP  DELETE 3.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY ST. 2IP  LILE  DELETE 4.1 TITLE  Change Addition						•		FL	1 - 1	•	
SIGNATURE  Superior of the profession of the control of the contro	11. Pursuant to	the provisions of Sections 607,0502	2 and 607.1508, Florida S	tatutes, the abo	ve-nan	ned corporat	ion submits this statement for the pure	ose of ch	anging its i	registered office	1
SIGNATURE   Superior problem rank of Fregular stand and all of transportable   PROTE Projectors April signature required when receitangs   DATE	E. 109 000	e agent, or both, in the otate of Fort	un. Obort orlango was aut	nonzeo by the c	orpora	tion's board	of directors. I hereby accept the appo-	intment as	registered	lagent. I am	ŀ
12.		,		tutos.							i
12.	SIGNATURE	ign & re, typed or printed name of registered agent	Fand title 4 applicable	(NOTE Registered	Agent sig	mature required w	vhen reinstating)	DATE			۱_
DELETE	12.	OFFICERS AN	D DIRECTORS						DIRECTO	DRS IN 12	8
11908 SW 12 STREET	TIPLE	D	☐ DELETE	1.11	1. 1 TITLE						CR2E034 (12/95)
PEMBROKE PINES FL 33025	NAME	Mahan, Steven D		1.2 NA	1.2 NAME						4
DELETE	STREET ADDRESS	11908 SW 12 STREET		1.3 ST	REET ADE	DRESS					8
DELETE	CHY ST ZiP	PEMBROKE PINES FL 330	25 ·	1.4 C	[Y-S1-7	iP I					띯
NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY - ST - ZIP   24 CITY - ST - ZIP   25 CITY - ZIP	TITLE								7 Change	C) Addition	Ö
24 City - St - ZiP	NAME			2 2 N.4	ME			_			l
CLIY_SI_ZIP	STREET ADDRESS			2351	AFFT ADD	ORESS					l
DELETE   DELETE   3 1 TITLE   Change   Addition     NAME     32 NAME     STREET ADDRESS   33 STREET ADDRESS     CTY-ST-ZIP   34 CITY-ST-ZIP     THE	CHY-ST-ZIP										l
NAME	THLE		[ ] DELETE			<u>'</u>			T Change	Addition .	l
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STREET ADDRESS 43 STREET ADDRESS	NAME:							L	Orientige		l
AUTO CONTROL PROPERTY	STREET ADDRESS					DEC2					
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TOUT			□ DELETE						7 Chacas	- Addition	
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City of The											
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NAME 6 1 TITLE 6 1 TITLE Change Addition								L	T cusuñe	☐ Addition	
O Z HOWE						.050.1					
of the same state of the same											
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further		certify that the information supplied v	with this filing is voluntarily	furnished and a	r-ST-ZI	nt qualify for	the exemption stated in Section 440.0	7/2VL) FI-:	rido Dana 4	00 1 6 mt = -	

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 fillock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Mahan

02-07-96

Daytime Phone #