SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0111781

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **541509**

1. Corporation Name
SURE SANITATION SERVICE, INC.

Principal Place of Business	Mailing Address
250 STATE ROAD 13 ORLANDO FL 32833 US	PO BOX 780609 ORLANDO FL 32878-0609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1977

	2. Principal Place of Business	2a. Mailing Address
21/26	110 S.E. 6th Street	110 S.E. 6th Street
22/27	Suite, Apt. #, etc. 28th Floor	Suite, Apt. #, etc. 28th Floor
23/28	City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
24/29	Zip: 33301	Zip: 33301
25/30	Country: USA	Country: USA

4. FEI Number: 59-1749897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAPONI, DEMENICO 1567 CARRINGTON AVE WINTER SPRINGS FL 32705	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR HARRIS W. HUDSON 110 S.E. 6th Street, 28th Floor Ft. Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCFADDEN, SHAWN 1110 SUPERIOR CT WINTER SPRINGS FL 32708	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT JAMES H. COSMAN 110 S.E. 6th Street, 28th Floor Ft. Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PIETRANTONIO, ANNA 2116 CORONET CT ORLANDO FL 32833	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP & SECRETARY DAVID A. BARCLAY 110 S.E. 6th Street, 28th Floor Ft. Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCFADDEN, ORNELLA 1110 SUPERIOR CT WINTER SPRINGS FL 32708	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER EDWARD A. LANG, III 110 S.E. 6th Street, 28th Floor Ft. Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAPONI, MARIA 1567 CARRINGTON AVE WINTER SPRINGS FL 32708	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700002948567--2 -08/03/99--01020--025 ****558.75 ****558.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	LS	☐ Change ☐ Addition

CR2E034 (5/99)

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 changed, or on an attachment with an address.

SIGNATURE: _____ 7-26-99 (954) 769-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David A. Barclay V.P. & Secretary