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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

=	1997		Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State			
DOCUM 1. Corporation	MENT # 31	9988	(2)			- the transport				
ISLAND	DISPOSAL CO IN	IC	• •							
Principal Place of Business Mailing Address								OTOTI DEBIT DIGI		
M. M. 81 1/2 P. O. BOX 229 ISLAMORADA FL 33036			M. M. 81 1/2 P. O. BOX 229 ISLAMORADA FL 33036-0228							
TODINO TODION T	<b>L</b> 40000						3. Date Incorporated or Qualified 08/15/1967	1	of Last Ro /1996	eport
	ace of Business	<b></b>	. Mailing Address				4. FEI Number		Ap	plied For
Suite, Apt. #, etc			Suite, Apt. #, etc.				59-1169470		\$8.75 A	t Applicable
22	.,	27					5. Certificate of Status Desired		Fee Re	
City & State	!	28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Ζιρ <b>24</b>	Country Zip 30			30	intry		8. This corporation has liability for mangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Addre	ess of Current Regi	stered Agent		241		10. Name and Address of New Re	gistered Ag	jent	
	KER,NORMAN F.				81	Name				
M. M. 81 1/2 Islamorada FL 33036				82 Street A			iress (P.O. Box Number is Not Acceptat	ole)		
IOLA	MONADA FL 33036				83					<del></del>
					84	City	throllings to the Parks to the State of the		85 Zip (	Code
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							needing subsetts this statement for the	FL	han nina it	o ve cintored
office of re	o the provisions of Sec egistered agent for boll outside with land acc	nions 607.0502 and h, in the State of Flor cont the obligations	507.1508, Florida State ida. Such change was of Section 607.0505. F	iles, the at authorized Incida Stat	d by	the corpora	poration submits this statement for the patients board of directors. I hereby accept	or the appoint	nanging is ntment as	registered
SIGNATURE	The state of the s	sept the congulations	2 000 ion 001,0000,1	TOTAL OLU		,.				
	Signature, typed or pur log nam				d Age	nt signature requ	ired when reinstating)	DATE	IDEOTOR	C 11 10
12. Till, E	PT	OFFICERS AND DIRE	DELETE	13.	TIE	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	PARKER, NORMAN	l F	hand were to	1.2 N/		- 1		b.v.	Oncome	
STREET ADDRESS	81191 ST. RD. 905			•		ADDRESS				
City-St 7iP	ISLAMORADA, FL.					T-ZIP				ļ
TITLE	S		☐ DELETE	2.1 TI	TLE			L	Change	Addition
NAME	PARKER, MARY JO			2.2 N/	AME					
STREET ADDRESS	81191 ST. RD.,#90	15		2.3 57	REET	ADDRESS				
CITY - ST - ZIP	ISLAMORADA FL		Decrete		•	ST - ZIP			7.0	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TILE			☐ DELETE	31 TI		j		Ļ.	Change	Addition
NAME STREET ADDRESS				3.2 N/		ADDRESS				
City SI-20						ST-ZIP				
TILE			DELETE	4.1 10		//			Change	Addition
NAME				4. 2 N					•	
STREET ADDRESS				4.3 S1	REET	ADDRESS				
0:1Y+51+7#P				4.4 CI	TY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TI	TLE			Ε.	Change	Addition
NAME				5.2 N/						
STREET ADORESS						ADDRESS				
CITY-ST-ZIF			DELETE	54 CI 61 TI		T-ZIP		<del></del>	Change	Addition
TILE NAME			- Deterie	62 N/				L	i Andrige	F"1 VOUIDAR
STREET ADDRESS						ADORESS				
COUNTER AND DESS.				0.331	intt l	ADOILESS				

6.4 City-St-ZiP

14. I do 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:

AF AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

PERSTDENT TIRE ASSIRED.

3/26/97 305-743-6586

**FILED** 

Mar 28 1997 8:00am

CR2E034 (9/96)