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**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 415424

(1)

1. Corporation Name
RELIABLE SANITATION, INC.



Principal Place of Business Mailing Address
***REPUBLIC INDUSTRIES. ATN: TERI M. TRIMMER
200 EAST LAS OLAS BLVD., STE. 1400
FT. LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/27/1972 **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **450 E. Las Olas Blvd.** 26 **450 E. Las Olas Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste. 1200** 27 **Ste. 1200**
City & State City & State
23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**
Zip Country Zip Country
24 **33301** 25 **USA** 29 **33301** 30 **USA**

4. FEI Number Applied For
59-1496253 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARRIS W	1.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE 1400	1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGTH, PETER	2.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE 1400	2.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	3.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE 1400	3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Richard L. Handley* **Richard L. Handley** Date 2/14/97 954-713-560

CR2E034 (9/96)