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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 432273

1. Corporation Name

Browaf	rd-dade sanitation co	RP							
Principal Place	e of Business	Mailing Address			7	t (Buist bioden thick times it all tongs it it	MINII AINII AINI	BISH BID)
1614 N. 28TH COURT 1614 N. 28TH COURT HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO MOT WESTERN	THE COACE	_	
						DO NOT WRITE IN	THIS SPACE		
		_				Date Incorporated or Qualifed 08/06/1973			
2. Principal Pl	lace of Business	2a. Mailing Address				FEI Number		Appli	ied For
21		26				<u>59-1537509 </u>		Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5	Certificate of Status Desired		75 Ad	,
22		27			J	Certificate by Galass Desired	_ Fe	e Requ	ired
City & State	e	City & State			6. 1	Election Campaign Financing	\$5	. 00 м	ay Be
23		28			-	Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip	Countr	of the collection and any art year manging					
24	25	29	30			Personal Property Tax.	X Yes	<u> </u>]No
	9. Name and Address of Curre	ent Registered Agent			10.	Name and Address of New Register	ered Agent		
5145	S. L. E. O. L.		81	Name					
	RIA, FLORA		82	Street Addre	ess (P	O. Box Number is Not Acceptable)			
1614 N. 28TH COURT			["	Case Acci	. 1) 000	o. Box rumbo. to mot moophable,			
HOL	LYWOOD FL 33020		83	3		•			
			_				la-i	7:- 0-	
			84	4 City			FL 85	Zip Co	ae :
office or n	egistered agent, or both, in the State rn familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by ida Statute	y the corporations.	on's boa	submits this statement for the purpo and of directors. I hereby accept the a	appointment :	as regis	egistered stered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered eg	e of Florida. Such change was au ations of, Section 607.0505, Flori ent end title if applicable. (NOTE:	thorized by da Statute Registered Age	y the corporatio	on's boa	ard of directors. I hereby accept the a	арроіпителі : те	as regis	stered
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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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

954-925-7925

☐ Change

☐ Addition