Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90212 009 \*\*\*317.50

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

**PROFIT** CORPORATION \* ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 458734

1. Corporation Name

A AAADVANCE SEPTIC AND DRAIN SERVICE, INC.

Principal Place	of Business	Mailing Address			
2750 SW 154TH		P.O. BOX 292444		·	
DAVIE FL 33331		DAVIE FL 33329		DO NOT WRITE IN T	HIS SPACE
US	•	US		3. Date Incorporated or Qualifed	7.00
				07/29/1974	
2 Principal Di	lace of Business ,	2a, Mailing Address		4. FEI Number	Applied For
_ `	lace of Business ;	26		59-1635398	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.		1	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	-\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
200	THE DT 1005011 0		81 Name		
ROSENFELDT, JOSEPH S.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
1135 FAIRFAX LANE				,	
WES	TON FL 33326		83		
	· ·		84 City		85 Zip Code
					FL   S   L   S   S   S   S   S   S   S
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized by the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agei		Registered Agent signature require		
12.	OFFICERS AN	ID DIRECTORS	Registered Agent signatura require	od when reinstalling) DATI ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
12.	OFFICERS AN		Registered Agent signature require  13.  1.1 TITLE		
12. TITLE NAME	OFFICERS AN P ROSENFELDT, LORETTA	ID DIRECTORS	Registered Agent signatura require  13. 1.1 TITLE 1.2 NAME		S AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	P ROSENFELDT, LORETTA 1135 FAIRFAX LANE	ID DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		S AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENFELDT, LORETTA 1135 FAIRFAX LANE WESTON FL 33326	ID DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12  Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROSENFELDT, LORETTA 1135 FAIRFAX LANE WESTON FL 33326 S ROSENFELDT, MINDY S.	ID DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12  Change Addition
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS