

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **541509** (6)

1. Corporation Name
SURE SANITATION SERVICE, INC.



Principal Place of Business Mailing Address
P. O. BOX 4095 WINTER PARK FL 32793 P. O. BOX 4095 WINTER PARK FL 32793

3. Date Incorporated or Qualified **07/20/1977** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-1749697** 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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **18242 11th Ave** 26 Suite, Apt. #, etc.
22 City & State 27 Suite, Apt. #, etc.
23 **Orlando FL** 28 City & State
24 **32833** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
MCFADDEN, SHAWN
1110 SUPERIOR CT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
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 *[Signature]* **V.P. / G.M.** **1/24/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **P RAPONI, DEMENICO**
STREET ADDRESS **24-26 MARLEY COURT**
CITY - ST - ZIP **ORLANDO FL**
TITLE DELETE
NAME **V MCFADDEN, SHAWN**
STREET ADDRESS **24-26 MARLEY COURT**
CITY - ST - ZIP **ORLANDO FL**
TITLE DELETE
NAME **V PIETRANTONIO, MICHAEL**
STREET ADDRESS **% 24 - 26 MARLEY CT.**
CITY - ST - ZIP **ORLANDO FL**
TITLE DELETE
NAME **T PIETRANTONIO, ANNA**
STREET ADDRESS **% 24 - 26 MARLEY CT.**
CITY - ST - ZIP **ORLANDO FL**
TITLE DELETE
NAME **S MCFADDEN, ORNELLA**
STREET ADDRESS **% 24 - 26 MARLEY CT.**
CITY - ST - ZIP **ORLANDO FL**
TITLE DELETE
NAME **V RAPONI, MARIA**
STREET ADDRESS **24-26 MARLEY CT.**
CITY - ST - ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

900001744809
03/15/96 01068 003
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **V.P.** **1/24/96** **(407) 366-5204**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)

[Handwritten initials]
31596