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Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: **250 STATE ROAD 13, ORLANDO FL 32833, US**
 Mailing Address: **PO BOX 790809, ORLANDO FL 32878-0609, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1749897	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCFADDEN, SHAWN 1110 SUPERIOR CT WINTER SPRINGS FL 32708				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Shawn M. Fadden* **Shawn M. Fadden** **2/5/98**
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	RAPONI, DEMENICO	1.2 NAME	Raponi, Domenico
STREET ADDRESS	24-26 MARLEY COURT	1.3 STREET ADDRESS	1567 Carrington Ave
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE	V	2.1 TITLE	V
NAME	MCFADDEN, SHAWN	2.2 NAME	McFadden, Shawn
STREET ADDRESS	24-26 MARLEY COURT	2.3 STREET ADDRESS	1110 Superior Ct
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE	V	3.1 TITLE	
NAME	PIETRANTONIO, MICHAEL	3.2 NAME	
STREET ADDRESS	24 - 26 MARLEY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T
NAME	PIETRANTONIO, ANNA	4.2 NAME	Pietrantonio, Anna
STREET ADDRESS	24 - 26 MARLEY CT.	4.3 STREET ADDRESS	2116 Coronet Ct.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32833
TITLE	S	5.1 TITLE	S
NAME	MCFADDEN, ORNELLA	5.2 NAME	McFadden, Ornella
STREET ADDRESS	24 - 26 MARLEY CT.	5.3 STREET ADDRESS	1110 Superior Ct
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE	V	6.1 TITLE	V
NAME	RAPONI, MARIA	6.2 NAME	Raponi, Maria
STREET ADDRESS	24-26 MARLEY CT.	6.3 STREET ADDRESS	1567 Carrington Ave
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Winter Springs FL 32708

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.

SIGNATURE: *Shawn M. Fadden* **Shawn M. Fadden** **2/5/98** **(407) 366-2286**
Signature and typed or printed name of signing officer or director Date

CR2E084 (10/97)