

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUL 28 PM 1:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 541509
 1. Corporation Name
SURE SANITATION SERVICE, INC.

Principal Place of Business
 250 STATE ROAD 13
 ORLANDO FL 32833
 US

Mailing Address
 PO BOX 780609
 ORLANDO FL 32878-0609
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 S.E. 6th Street		2a. Mailing Address 26 110 S.E. 6th Street		3. Date Incorporated or Qualified 07/20/1977	
22 Suite, Apt. #, etc. 28th Floor		27 Suite, Apt. #, etc. 28th Floor		4. FEI Number 59-1749897	
23 City & State Ft. Lauderdale, FL		28 City & State Ft. Lauderdale, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33301		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 33301		30 Country USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RAPONI, DEMENICO	
STREET ADDRESS	1567 CARRINGTON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32705	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCFADDEN, SHAWN	
STREET ADDRESS	1110 SUPERIOR CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PIETRANTONIO, ANNA	
STREET ADDRESS	2116 CORONET CT	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCFADDEN, ORNELLA	
STREET ADDRESS	1110 SUPERIOR CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RAPONI, MARIA	
STREET ADDRESS	1567 CARRINGTON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARRIS W. HUDSON	
1.3 STREET ADDRESS	110 S.E. 6th Street, 28th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES H. COSMAN	
2.3 STREET ADDRESS	110 S.E. 6th Street, 28th Floor	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	VP & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID A. BARDLAW	
3.3 STREET ADDRESS	110 S.E. 6th Street, 28th Floor	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD A. LANG	
4.3 STREET ADDRESS	111 S.E. 6th Street, 28th Floor	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 registered agent 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 and typed or printed name of signing officer or director
 DAVID A. BARDLAW V.P. & SECRETARY
 Date 7-26-99 (954) 769-2928 Daytime Phone #

CR2E034 (5/99)