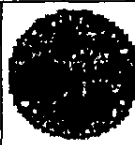


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 762851	
1. Entity Name FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF SANITARY ENGINEERING, INC.	
Principal Place of Business 4151 RAVENSWOOD RD FORT LAUDERDALE, FL 33312	Mailing Address 3315 NW 68 CT FORT LAUDERDALE, FL 33309



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-6555875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAUER, CARY 3315 NW 68 COURT FT LAUDERDALE, FL 33312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Cary Bauer</i> Signature, typed or printed name of registered agent and title if applicable.	CARY BAUER DATE 4-20-08 (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U000000923777 05/16/08-80046-005 66.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUER, CARY 3315 NW 68 CT. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, TOM 170 NW 65 AVE MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSBACH, ED 4031 NE 18 AVE FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNELL, KEVIN 955 S FEDERAL HWY FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKFORD, JAMES 251 NW 35 CT OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Cary Bauer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-20-08 959-980-2508 Date Daytime Phone #