

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 832887

(4)

1. Corporation Name

SANITARY-DASH MANUFACTURING CO., INC.

Principal Place of Business

929 RIVERSIDE DR
N. GROSVENORDALE CT 06255-0815
US

Mailing Address

P O BOX 815
N. GROSVENORDALE CT 06255-0815
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:39

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1974	3a. Date of Last Report 02/07/1994
4. FEI Number 06-0734926	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 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
City & State 27	City & State 28
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SANITARY-DASH OF FLORIDA, INC.
929 RIVERSIDE DR
2800 OAKMONT AVE, TARPON SPRGS, FL
N. GROSVENORDALE CT 06255**

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 reappointed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, EDGAR	1.2 NAME	
STREET ADDRESS	375 PARK AVE, SUITE 3502	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK, NEW YORK 00000	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WEINER, MARTIN S.	2.2 NAME	
STREET ADDRESS	DARBY RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKLYN CT	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BENOIT, PETER	3.2 NAME	
STREET ADDRESS	117 WOODSIDE ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	PUTNAM CT	3.4 CITY- ST- ZIP	
TITLE	PO	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHUMANN, MALCOLM	4.2 NAME	
STREET ADDRESS	105 CUTLER HILL RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	WOODSTOCK CT	4.4 CITY- ST- ZIP	
TITLE	VS	5.1 TITLE	☐ Change ☐ Addition
NAME	LAVIGNE, LEO R.	5.2 NAME	
STREET ADDRESS	229 ALLEN HILL RD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKLYN CT	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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; that I am the registered or trusted employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: Leo R. Lavigne, Vice President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/11/95

203-923-9533