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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 2000
ERIE PA 16514-2000
US



3. Date Incorporated or Qualified 08/17/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 06-0734926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
~~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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI, ALEX P	1.2 NAME	
STREET ADDRESS	1801 PITTSBURGH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEYRA, MICHAEL	2.2 NAME	
STREET ADDRESS	1901 PITTSBURG AVE	2.3 STREET ADDRESS	1801 Pittsburgh Ave
CITY-ST-ZIP	ERIE PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, DENNIS	3.2 NAME	
STREET ADDRESS	ONE ZURN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNES, JAMES H	6.2 NAME	
STREET ADDRESS	ONE ZURN PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA	6.4 CITY-ST-ZIP	

14. I do 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: _____ SIGNATURE REQUIRED _____ 814/452-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James H. Hynes, Asst. Dir. Daytime Phone #

CR2E034 (9/96)