

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F56718** (2)

1. Corporation Name

IMPERIAL SANITATION SERVICES, INC.



Principal Place of Business

8160 N.W. 93RD. ST.
MEDLEY FL 33166

Mailing Address

8160 N.W. 93RD. ST.
MEDLEY FL 33166

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

~~WOLFE, MELVIN~~
~~STE 200 10651 N KENDALL DR~~
~~MIAMI, FL~~
~~33176~~

3. Date Incorporated or Qualified
12/02/1981

3a. Date of Last Report
03/21/1995

4. FEI Number
59-2144378

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
JOHN E. LAWSON, SR.

82 Street Address (P.O. Box Number is Not Acceptable)
8160 N.W. 93 STREET

83

84 City
MEDLEY

85 Zip Code
FL 33166

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(4), 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 607.0401, Florida Statutes.

SIGNATURE

John Lawson

3-28-96
Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAWSON, JOHN E	
STREET ADDRESS	943 VAN BUREN ST.	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	ST-	<input type="checkbox"/> DELETE
NAME	LAWSON, DANIEL	
STREET ADDRESS	17080 S.W. 48TH ST.	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LAWSON, JOHN E., SR.	
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	D,S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	LAWSON, JOHN E., JR.	
11. STREET ADDRESS	8160 N.W. 93 STREET	
12. CITY-STATE-ZIP	MEDLEY, FL 33166	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if change filed on an attachment with an address.

SIGNATURE:

John Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (305) 888-5515

CR2E034 (12/95)