

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

APPROVED
AND
FILED

95 JUN 27 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F79863 (9)
 1. Corporation Name
WALDORF SANITARY SUPPLIES, INC.

Principal Place of Business 5054 HIATUS ROAD SUNRISE FL 33351	Mailing Address 5054 HIATUS ROAD SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1982		3a. Date of Last Report 04/26/1994	
21		26		4. FEI Number 59-2203724		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALDORF, ESTELLE 5054 HIATUS RD. SUNRISE FL 33351				81 Name	STEVEN WALDORF		
				82 Street Address (P.O. Box Number is Not Acceptable)	5054 HIATUS ROAD		
				83			
				84 City	SUNRISE FL	85 Zip Code	33351

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: *Steve Waldorf* DATE: **June 22, 1995**

12. OFFICERS AND DIRECTORS		13. ALL OTHER REGISTERED AGENTS	
TITLE	DR WALDORF, ESTELLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDORF, ESTELLE	12 NAME	
STREET ADDRESS	5054 HIATUS RD	13 STREET ADDRESS	
CITY, ST, ZIP	SUNRISE FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	STEVEN WALDORF DR
STREET ADDRESS		23 STREET ADDRESS	5054 HIATUS RD
CITY, ST, ZIP		24 CITY, ST, ZIP	SUNRISE FL 33351
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	8/27/97
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with the 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Waldorf* DATE: **6-26-95**

CR2E034 (3/95)