

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jun 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004400 (5)**  
1. Corporation Name  
**SANITROL SYSTEMS, INC.**



Principal Place of Business <b>6700 SOUTH DIXIE HWY., STE 670 MIAMI FL 33156</b>	Mailing Address <b>9700 SOUTH DIXIE HWY., STE 670 MIAMI FL 33156-2800</b>
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2. Principal Place of Business <b>21 9740 SW 72 Court</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 9740 SW 72 Court</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/26/1996</b>	3a. Date of Last Report
22 City & State <b>23 Miami, Florida</b>		27 City & State <b>28 Miami, Florida</b>		4. FFI Number <b>58-2253606</b>	Applied For Not Applicable
24 Zip <b>33156</b>		25 Country <b>Dade</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>33156</b>		30 Country <b>Dade</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WESTON, E. GAYLE 9700 S. DIXIE HWY., STE 670 MIAMI FL 33156</b>				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WESTON, E. GAYLE 9700 S. DIXIE HWY., STE 670 MIAMI FL 33156</b>				10. Name and Address of New Registered Agent	
81 Name <b>Poller, Neale ESQ</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>550 Biltmore Way</b>			
83 <b>Suite 700</b>		84 City <b>Coral Gables</b>			
85 Zip Code <b>33134</b>		86 State <b>FL</b>			

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]* DATE **6/5/97**

**12. OFFICERS AND DIRECTORS**

TITLE <b>PCD</b>	NAME <b>GREEN, LAWRENCE M</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>9700 S DIXIE HIGHWAY, STE 670</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>STD</b>	NAME <b>WESTON, E G</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>9700 S DIXIE HIGHWAY, STE 670</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VP</b>	NAME <b>Suzuki Rexler</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>9740 SW 72nd Court</b>	
1.4 CITY-ST-ZIP <b>Miami, FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Jarold Regier</b>	
3.3 STREET ADDRESS <b>830 Point La Vista Road North</b>	
3.4 CITY-ST-ZIP <b>Jacksonville, Florida 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (9/96)