

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

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H61763** (9)
1. Corporation Name
WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.



Principal Place of Business 2800 NW 22ND TERRACE POMPANO BEACH FL 33069 US	Mailing Address 30 LANIDEX PLAZA WEST - CHANGED PO BOX 367 PARSIPPANY NJ 07054-0367 US
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3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 800 LANIDEX PLAZA 27 PO BOX 367 28 PARSIPPANY NJ 29 07054-0367 30 Country	4. FEI Number 59-2555629	Applied For 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
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9. Name and Address of Current Registered Agent WALTERS, D. THOMAS 2800 NW 22ND TERRACE POMPANO BEACH FL 33069	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 FL
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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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMETH, JOSEPH EDWIN	1.2 NAME	
STREET ADDRESS	45 WOODFIELD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMETH, ROBERT A.	2.2 NAME	
STREET ADDRESS	TALL PINES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW VERNON NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BRUCE S.	3.2 NAME	
STREET ADDRESS	1822 LAMBERTS MILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMETH, RICHARD E.	4.2 NAME	
STREET ADDRESS	954 BARNEGAT LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANTOLOKING NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOURISH, STUART M.	5.2 NAME	
STREET ADDRESS	9 OAK LAWN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST HANOVER NJ	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JEANNE L.	6.2 NAME	
STREET ADDRESS	521 CRESCENT PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEA GIRT NJ	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: Stuart M. Yourish **Stuart M. Yourish** 1/8/97 201-515-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)