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FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H61763** **(9)**

1. Corporation Name
**WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2800 NW 22ND TERRACE<br>POMPANO BEACH FL 33069<br>US | 800 LANIDEX PLAZA<br>P O BOX 367<br>PARSIPRANY NJ 07054-0367<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 800 Lanidex Plaza |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 P.O. Box 367 |
| City & State<br>23 | City & State<br>28 Parsippany, NJ |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 07054-0367 / 30 |

3. Date Incorporated or Qualified: **06/13/1985**

4. FEI Number: **59-2555629** [ ] 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

**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 **FL** 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
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | [ ] DELETE | 1.1 TITLE | [ ] Change [ ] 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 | [ ] DELETE | 2.1 TITLE | [ ] Change [ ] 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 | [ ] DELETE | 3.1 TITLE | [ ] Change [ ] 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 | [ ] DELETE | 4.1 TITLE | [ ] Change [ ] 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 | [ ] DELETE | 5.1 TITLE | [ ] Change [ ] 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 | [ ] DELETE | 6.1 TITLE | [ ] Change [ ] 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 | |

CR2E034 (10/97)

14. I 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 1/5/98 973-515-0100