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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90194 016 \*\*\*150.00

## DOCUMENT # J06960 1. Corporation Name

**POLYSERV CORPORATION** 

Principal Place of Business

15833 121 TERR N : Jupiter FL 33478		PO BOX BOX 1689 JUPITER FL 33468-1689				
US	•••	US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
	<del>_</del> ,				03/31/1986	
2. Principal Pl	ace of Business	2a. Mailing Address	~	•	4. FEI Number Applied For	
21		26			59-2655384   Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country Zip		Cour	try	8. This corporation owes the current year Intangible	
24	25 29 30		10		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
				81 Name		
	enlieb, James E.		82 Street Ad		Address (P.O. Box Number is Not Acceptable)	
	3 121ST TERR N.				·	
JUPN	TER FL 33478		1	83		
			Ì	84 City	FI 85 Zip Code	
44 Durayout	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutes	the ab	ove-name	d corporation submits this statement for the purpose of changing its registered	
office or re	anistered agent or both in the State (	of Florida. Such change was aut	ınonzea	DA fue cor	coration's board of directors. I hereby accept the appointment as registered	
agent. I ai	n familiar with, and accept the obligat	tions of, Section 607.0505, Flori	oa Statu	ies.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: F	Registered /	Agent signature	required when reinstating) DATE	
12,	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TIT	E	☐ Change ☐ Addition	
NAME	ROSENLIEB, JAMES E.		1.2 NA	ΜE		
STREET ADDRESS	15833 121ST TERR N.		1.3 ST	REET ADDRESS	6	
CITY-ST-ZIP	JUPITER FL			Y-ST-ZIP		
TITLE	TSD	☐ DELETE	2.1 111		☐ Change ☐ Addition	
NAME	ROSENLIEB, JENNIFER K.		2.2 NA	ME		
STREET ADDRESS	15833 121ST TERR N.	-	2.3 51	REET ADDRES		
	JUPITER FL			Y-ST-ZIP		
CITY-ST-ZIP	JOPHEN FL	☐ DELETE	3.1 777		☐ Change ☐ Addition	
NAME	•		3.2 NA	ME		
STREET ADDRESS		•	L	REET ADDRES	s	
}				TY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		☐ Change ☐ Addition	
NAME		_	4, 2 NA			
STREET ADORESS				REET ADDRES	s	
				Y-ST-ZIP		
CITY-ST-ZIP TTILE		☐ DELETE	5.1 TIT		Change Addition	
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	REET ADDRES	s	
			5.4 CIT	Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT	LE	☐ Change ☐ Addition	
NAME			6.2 NA	ME		
			6.3 ST	RÉET ADORES	s	
STREET ADDRESS	Ti			Y-ST-ZIP	,	
CITY-ST-ZIP	<u></u>	<del></del>	3.7 011		1 O 11 - 440 07/07/12 Florid - Chabuta - 1 further partiful that the information	

In 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 eceiver 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 attackment with an address, with all other like empowered.

**SIGNATURE:** 

19 APRIL 99 561 575 4043

-CR2E034 (11/98