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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J68569** **(9)**

1. Corporation Name
MAGNUM ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
1280 NE 48 STREET **POMPANO BEACH FL 33064**	**1280 NE 48 STREET** **POMPANO BEACH FL 33064-4909**

3. Date Incorporated or Qualified: **04/17/1987**
3a. Date of Last Report: **06/20/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-2819155** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIMARIA, ALBERT
1280 N.E. 48TH STREET
POMPANO BEACH FL 33064

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: _____ 1/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**VD**	☐ DELETE	1.1 TITLE	EXEC. VICE PRES DIRECTOR	☒ Change ☐ Addition
NAME	**RAMOS, OSIRIS**		1.2 NAME		
STREET ADDRESS	**5945 SE GENERAL LEE TERRACE**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**STUART FL 34997**		1.4 CITY-ST-ZIP		
TITLE	**VSD**	☐ DELETE	2.1 TITLE	CHAIRMAN - DIRECTOR	☒ Change ☐ Addition
NAME	**DIMARIA, ALBERT**		2.2 NAME		
STREET ADDRESS	**740 NE 28 AVE**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**POMPANO BCH FL**		2.4 CITY-ST-ZIP		
TITLE	**PTD**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**FREDERICO, JAMES**		3.2 NAME		
STREET ADDRESS	**3779 NW 52ND STREET**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**BOCA RATON FL 33496**		3.4 CITY-ST-ZIP		
TITLE	**AV**	☐ DELETE	4.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	**WILLIAMS, DENNIS**		4.2 NAME		
STREET ADDRESS	**6820 NW 75 CT.**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**PARKLAND FL 33067**		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			5.2 NAME	GREGG WIEDERICH	
STREET ADDRESS			5.3 STREET ADDRESS	1280 NE 48th ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ _____ 1/30/97 954-785-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D148154