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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K00257

(1)

JAYHAWK ENVIRONMENTAL SERVICES, INC.

## **FILED** Jan 27 1998 8:00am Secretary of State



Principal Place of Business	d For
MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	d For
3. Date Incorporated or Qualified	d For
	d For
L   11/04/1987	d For
	d For
2. Principal Place of Business     2a. Mailing Address     4. FEI Number     Applie	
	plicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$8.75 Additional Additional Actions and the suite of Status Desired Status Desired	tional
22     27     Fee Requir	ed
City & State City & State 6. Election Campaign Financing \$5.00 Ma	/ Be
28 Trust Fund Contribution Added to Fi	ees
Zip Country Zip Country 8. This corporation owes or has paid the current year Intang	ible
24 25 29 30 Personal Property Tax due June 30.  Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 .
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
LEITER, MARTIN 81 Name	
C/O LEITER, PEREZ & ASSOCIATES, INC.  82 Street Address (P.O. Box Number is Not Acceptable)	
160 NW 176TH ST., ROOM 403	
MIAMI FL 33169	
84 City FL 85 Zip Code	Ð
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 re-	aistered
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 report 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 regingent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	stered
SIGNATURE 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
	Addition
NAME ROSE, JIM 1.2 NAME	
STREET ADDRESS 8295 NW 93 ST. 1,3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 1.4 CITY-SY-ZIP	
	Addition
NAME LEITER, MARTIN 22 NAME	Accilion
446 BHI (WATEL OF BACE) 446	
SHARE OF COLOR	
	4 -1 -1111
<b>T</b>	Addition
NAME HERRINGTON, CLARENCE / 3.2 NAME	
STREET ADDRESS 160 NW 176TH ST., ROOM 403 3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33169 3.4. CITY-ST-ZIP	
	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	•
STREET ADDRESS 5.3 STREET ADDRESS	[
CITY - ST - ZIP 5.4 CITY - ST - ZIP	
	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-SI-ZIP 6.4 CITY-SI-ZIP	
14. Thereby 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 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 supplied and the same legal effect as if made under each that he	mation

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in