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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # K00257

JAYHAWK ENVIRONMENTAL SERVICES, INC.

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90042 033 \*\*\*150.00



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Principal Place of Business Mailing Address								
160 NW 176TH : Miami Fl 33169			160 NW 176TH ST ROOM 403 MIAMI FL 33169			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						11/04/1987		
Principal Place of Business     2a. Mailing Address						4. FEI Number	Арр	lied For
21						65-0026229	Not	Applicable
Suite, Apt. #	#. etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
22,10, 1 4	.,	27						
City & State	3		City & State			6. Election Campaign Financing	□ \$5.00 N	/lay Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		C	Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	25 29		30	30				
	9. Name and Address of Cu	rrent Registered Age	nt '	81		10. Name and Address of New Re	jistered Agent	
					Name		\$	•
LEITER, MARTIN C/O LEITER, PEREZ & ASSOCIATES, INC. 160 NW 176TH ST., ROOM 403				82 Street Address (P.O. Box Number is Not Acceptable)				
				-				
				83				
	M FL 33169			84	City	<u>स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स्त्राप्तिक स</u>	FL 85 Zip C	
agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Such ci bligations of, Section 6				poration submits this statement for the prion's board of directors. I hereby accept		egistered istered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Regist	ered Ager	nt signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE .	PD DELETE		DELETE 1.	1.1 TITLE		FORMING.	□ Change	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-S	T-ZIP			CT A 1116
TITLE	VDST		DELETE 2	1 TITLE			☐ Change	Addition:
NAME	LEITER, MARTIN		2	.2 NAME	ļ	•		
				.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169		2	. 4 CITY-5	ST-ZIP			
OH 1-01-DF	110,010   2 00 100		T DELETE 2	4 TITLE			☐ Change	☐ Addition

TITLE 3.2 NAME NAME 👌 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP. DELETE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 113 10" 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 10 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE artik, mil. 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 turstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted it can be attachaged with an address with a wi CITY-ST-ZIP officer or director of the corporation or the receiver or turstee empowered Block 12 or Block 13 if changed or on the state with an address.

SIGNATURE: