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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE: 1

C/OPETE LIBERATORE 1831 S.W. 63RD TERRACE POMPANO BEACH FL 33068



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K00310

(8)

C/OPETE LIBERATORE 1831 S.W. 63RD TERRACE POMPANO BEACH FL 33068-5225

Mailing Address

LIFT STATION SPECIALISTS, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

0153368

3. Date Incorporated or Qualified 36. Date of Last Report

				10/30/1987	04/2	6/1996			
2. Princip	hal Place of Business	2a. Mailing Ad	dress			4. FEI Number			pplied For
21		26				65-0114615		N	ot Applicable
Suite, Apt. # etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
27					b. Certificate of Status Desired	LJ	Fee R	equired	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip		Country		8. This corporation has liability for	intangible t	ax under s	199.032
24	25	29	30	7			Yes [		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curre	ent Registered Ager		1		10, Name and Address of New R	egistered A	gent	
	LIBERATORE, PETE			81	Name				
	1831 S.W. 63RD TERRACE			-					
				B2	82 Street Address (P.O. Box Number is Not Acceptable)				
ļ	POMPANO BEACH FL 33068			83			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del></del>
				84	City			85 Zip	Code
							<u> </u>	<u> </u>	
11. Pursu	iant to the previsions of Sections 607.05 or registered agent, or both, in the Sta t. Fam familiar with, and accept the obli	302 and 607.1508, Fi	orida Statutés, ianga was auti	the above	-named corpo	pration submits this statement for the	purpose of o	changing i	ts registered
agen	t. I am familiar with and accept the obli	gations of, Section 6	07.0505, Florid	a Statutes	i.	on a board or an octore. Thoroby accor	pr to cappo	ii di ii di ii di di	registered
SIGNATU									
SKANATO	Signature, typed or principlinance of registered a	gent and title if applicable	(NOTE Re	egistered Age	ni signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TOTLE	) <b>D</b>	· .	DELETE	1.1 TITLE	-			Change	Addition
NAME	LIBERATORE, PETE			1.2 NAME	l				
STHEET ACIDE	TARLES IN AREA SERBIASE			1.3 STREET	ADDRESS				
CHY-S1 ZiP	BOUBLIS BELOU EL		1	1.4 CITY-S	T-7IP				
THILE			DELETE	2.1 TITLE	<u></u>			Change	Addition
MAME	1			2.2 NAME	1		•	_ •	
	of the			23 STREET	ADDDECC				
STREET ADDR					1				
CHY SI-7# THUE			DELFTE	2. 4 CITY - S 3.1 TITLE	51 · ZIP			Change	Addition
	<b>{</b>	المبا	DELLIE	ĺ	ł			crange	☐ X00(((d))
NAME	1			32 NAME	•				
STREET ADDR	RESS		•	3.3 STREET	ADDRESS				
COTY-ST-ZIP				3 4. CITY-S	IT-ZIP			<del></del>	
THE	}	L.J	DELETE	4.1 TITLE			ŀ	Change	Addition
NAME	\			4. 2 NAME					
STREET ADDE	Ess.			4.3 STREET	ADDRESS				
C(1Y - S1 - Z)P	.			4.4 CITY - S	T- ZIP				
THILE			DELETE	5.1 TITLE	~	**************************************		Change	Addition
NAME				5.2 NAME					
STREET ADDR	1156			5.3 STREET	ADDRESS				
				5.4 CITY-S					
CHY-ST ZIP THEE			DELETE	6.1 TITLE	1-411			Change	Addition
		Ļ	· ·	i .			1		Addition
NAME				6.2 NAME					
STEEF LADOR	etss [			6.3 STREET	ADDRESS				
CITY - ST - Zif				6.4 CITY-S		·			
14. Uda l	hereby certify that the information supplination indicated on this annual report o	ied with this filing do	es not qualify for	or the exe	mption stated	in Section 119.07(3)(i), Florida Statut	es. I further	Certify that	i the oder nath: that
tam	rianon indicated on this arridal report of an officer or director of the corporation pars in Block 12 or Diock 13 if changed,	or the receiver or tru	stee empowere	ed <b>jør</b> axec	ute this report	as required by Chapter 607, Florida	Statutes; an	d that my	name
арре	ears in Block 12 or Mock 🎉 if 🕍 nged,	or of a mattachmen	With an addres	s <b>y/</b> /	•	,		•	