

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L80881 (0)
 1. Corporation Name
CONSOLIDATED SANITATION, INC.



Principal Place of Business C/O JOSEPH A. SCRIMA 8100 N.W. 85 ST. HIALEAH GARDENS FL 33016-2704 US	Mailing Address C/O JOSEPH A. SCRIMA 8100 N.W. 85 ST. HIALEAH GARDENS FL 33016-2704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20401 S.W. 49TH CT. Suite, Apt. #, etc. 22 PT. LAUDERDALE, FL City & State 23 Zip Country 24 33332 25 BROWARD 29 33332 30 BROWARD		2a. Mailing Address 26 20401 S.W. 49TH CT. Suite, Apt. #, etc. 27 PT. LAUDERDALE, FL City & State 28 Zip Country 29 33332 30 BROWARD		3. Date Incorporated or Qualified 06/13/1990	4. FEI Number 65-0204738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCRIMA, JOSEPH A. 8100 N.W. 85 ST. HIALEAH GARDENS FL 33016-2704	10. Name and Address of New Registered Agent 81 Name SCRIMA, DIANNE L. 82 Street Address (P.O. Box Number is Not Acceptable) 20401 S.W. 49TH CT. 83 84 City PT. LAUDERDALE FL 85 Zip Code 33332
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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 Dianne L. Scrima DATE 3-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIMA, JOSEPH A.	1.2 NAME	
STREET ADDRESS	8100 N.W. 85 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS-FL	1.4 CITY-ST-ZIP	
TITLE	SB PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIMA, DIANNE L.	2.2 NAME	
STREET ADDRESS	8100 N.W. 85 ST.	2.3 STREET ADDRESS	20401 S.W. 49TH CT.
CITY-ST-ZIP	HIALEAH GARDENS FL 33016-2704	2.4 CITY-ST-ZIP	PT. LAUDERDALE, FL 33332
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

CR2E034 (10/97)