FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99294** **(4)**

1. Corporation Name

FLORIDA SANITATION, INC. OF PALM BEACH COUNTY

Principal Place of Business	Mailing Address
1631 2ND AVENUE NORTH (33460) P.O. BOX 1683 LAKE WORTH FL 33460-6683	1631 2ND AVENUE NORTH (33460) P.O. BOX 1683 LAKE WORTH FL 33460-6683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/14/1988	02/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0074614	Applied For Not Applicable
Suite Apt. # etc. 22	Suite Apt. # etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CINELLI, VICTOR 355 SE 6TH ST DANIA FL 33004	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.1505, and/or 617.1508, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	D	01 Title	☐ Change ☐ Addition
02 Name	CINELLI, VICTOR	02 Name	
03 Street Address	255 SE 6TH ST	03 Street Address	
04 City St Zip	DANIA FL	04 City St Zip	
05 Title	D	05 Title	☐ Change ☐ Addition
06 Name	CINELLI, JOHN	06 Name	
07 Street Address	520 NW 83 WAY	07 Street Address	
08 City St Zip	PEMBROKE PINES FL	08 City St Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City St Zip		12 City St Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City St Zip		16 City St Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City St Zip		20 City St Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City St Zip		24 City St Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Victor Cinelli Officer — 5/5/95 (407) 988-5223

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0288481 CP