

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N27028** (2)
1. Corporation Name
UNITED ASSOCIATION OF USED OIL SERVICES, INC.



Principal Place of Business
**C/O FRANK BROSTEIN
318 NEWMAN RD
SEBRING FL 33870
US**

Mailing Address
**C/O FRANK BRONSTEIN
318 NEWMAN RD
SEBRING FL 33870
US**

3. Date Incorporated or Qualified
06/20/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2892548

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BRONSTEIN, FRANK S
318 NEWMAN RD
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 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 617.0503, Florida Statutes.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PP
**ZIVOJNOVICH, MARK
3300 SW 34TH AVE
OCALA FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
**GRAY, AL
3949 S HWY 314-A
OKLAWAHA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
**CHRISTENSEN, DANIEL
3949 S HWY 314-A
OKLAWAHA FL 34472**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
**ZENTMEYER, NEIL
P.O. BOX 590 N/A
OCOE FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
**PEREZ-LEON, MARIA E
P O BOX 520882
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VO
**EITE, JOEL
1200 NW 137TH AVE
MIAMI FL 33182**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
**Morton, Rod
PO Box 162207 (NA)
Altamonte Springs, FL 32716**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TD
**Levitsky, Michael
1400 NW 13 Ave
Pompano Beach, FL 33069**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD
Neil Zentmeyer Senator

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 18, 1996
Date
352-687-4729
Daytime Phone #

CR2E037 (3/96)