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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

C/O FRANK BROSTEIN
318 NEWMAN RD
SEBRING FL 33870
US

C/O FRANK BROSTEIN
318 NEWMAN RD
SEBRING FL 33870-6702
US

3. Date Incorporated or Qualified
06/20/1988

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRONSTEIN, FRANK S
318 NEWMAN RD
SEBRING FL 33870

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORTON, ROD	
STREET ADDRESS	P.O. BOX 162207	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVITSKY, MICHAEL	
STREET ADDRESS	1400 NW 13 AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, DANIEL	
STREET ADDRESS	3949 S HWY 314-A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEIL SENTMEYER SENATORE	
STREET ADDRESS	P.O. BOX 590 N/A	
CITY-ST-ZIP	OCOE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EITE, JOEL	
STREET ADDRESS	1200 NW 137TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	Executive Director	<input type="checkbox"/> DELETE
NAME	FRANK S. BRONSTEIN	
STREET ADDRESS	318 NEWMAN RD	
CITY-ST-ZIP	Sebring, FL 33870-6702	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHARON SUMMERS	
1.3 STREET ADDRESS	5218 St Paul St	
1.4 CITY-ST-ZIP	TAMPA, FL 33619	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	456 Cypress Rd	
3.4 CITY-ST-ZIP	OCALA, FL 34412	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Angelo Bousa	
5.3 STREET ADDRESS	3710 Central Ave	
5.4 CITY-ST-ZIP	St Petersburg, FL 33713	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank S. Bronstein* FRANK S. BRONSTEIN

Date: 3/17/97 Daytime Phone # 0054286

CR2E037 (9/96)