

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 BROSTEIN 318 NEWMAN RD SEBRING FL 33870 US
--	--

3. Date Incorporated or Qualified 06/20/1988	4. FEI Number 59-2892548	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

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	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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

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	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	1.1 TITLE	TD Wendy Rennert
NAME	MORTON, ROD	1.2 NAME	P.O. Box 5028
STREET ADDRESS	P.O. BOX 182207	1.3 STREET ADDRESS	TAMPA, FL 33675-5028
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	TAMPA, FL 33675-5028
TITLE	PD	2.1 TITLE	SD Karen Yeatman
NAME	LEVITSKY, MICHAEL	2.2 NAME	P.O. Box 5028
STREET ADDRESS	1400 NW 13 AVE	2.3 STREET ADDRESS	TAMPA, FL 33675-5028
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	TAMPA, FL 33675-5028
TITLE	D	3.1 TITLE	D Dave Thompson
NAME	CHRISTENSEN, DANIEL	3.2 NAME	3701 Central Ave
STREET ADDRESS	456 CYPRESS ROAD	3.3 STREET ADDRESS	St. Petersburg, FL 33713
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	VPD	4.1 TITLE	
NAME	NEIL SENTMEYER SENATORE	4.2 NAME	
STREET ADDRESS	P.O. BOX 590 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEEE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	VPD
NAME	POUSA, ANGELO	5.2 NAME	
STREET ADDRESS	3710 CENTRAL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BRONSTEIN, FRANK S	6.2 NAME	
STREET ADDRESS	318 NEWMAN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 02	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 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** 4/10/98 941 655-3880

CR2E037 (10/97)