


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90110 036 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27028**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/20/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2892548	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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

**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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, ROD	1.2 NAME	
STREET ADDRESS	P.O. BOX 162207	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVITSKY, MICHAEL	2.2 NAME	PD Eagle Sohn
STREET ADDRESS	1400 NW 13 AVE	2.3 STREET ADDRESS	1400 NW 13 AVE
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, DANIEL	3.2 NAME	SA Wolf, Soy
STREET ADDRESS	456 CYPRESS ROAD	3.3 STREET ADDRESS	3701 Central Ave
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33713-8338
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENNERT, WENDY	4.2 NAME	Thompson, DAVE
STREET ADDRESS	P.O. BOX 5028 N/A	4.3 STREET ADDRESS	3701 Central Ave
CITY-ST-ZIP	TAMPA FL 33675	4.4 CITY-ST-ZIP	St. Petersburg, FL 33713-8338
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUSA, ANGELO	5.2 NAME	
STREET ADDRESS	3710 CENTRAL AVE.	5.3 STREET ADDRESS	105 S. Alexander St
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	33870-6702

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/13/99

Date

971 655 3880

Daytime Phone #