**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90264 004 \*\*\*150.00

1. Corporation	MENT # <b>P9200</b> 0 VASTE CORP.	0007441			
Principal Place	of Business	Mailing Address			I ADDITORN HED HOLD HIGHE BERKE ORDHI DONKE DONKE DOKK FORKE BERKE BERKE 1988)
Principal Place of Business Mailing Address  840 NW 144TH ST 840 NW 144TH ST					
NORTH MIAMI FL 33168 NORTH MIAMI FL 33168					
USUS			, <del></del>		- DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					11/24/1992
2. Principal Pl	2a. Mailing Address			4. FEI Number Applied For	
21 26 Suite Act #					65-0373385   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
22					
					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country Zip Co				8. This corporation owes the current year Intangible
24	25 29 30		¬ ´		Personal Property Tax.
44	9. Name and Address of Curre		<del>-</del> 1		10. Name and Address of New Registered Agent
	V. 1101110 0110 11010 01 01 01		81	Name	PADNEY C. WALTERS
WEINFELD, ROY J			-		
201 ALHAMBRA CIRCLE			82	Street	t Address (P.O. Box Number is Not Acceptable)
	PE 502	•	83		835 (88 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
∠COR	IAL GABLES PL 33134				
			84	City	M. A. FL 85 35168
44 5		FOR and FOR AFOR Florida Statutas	the char	o parrad	
office or re agent. I at SIGNATURE	John c	valler			d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.	nt aignature to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DP	DELETE			PRESIDENT Schange Addition
NAME	WALTERS, RODNEY	<b>7</b> 1	1.2 NAME		WATERS ROONET
STREET ADDRESS	685 N.W. 130TH STREET			TADDRESS	Whites Cooper
	NORTH MIAMI FL 33168		1.4 CITY-S		M. AM. R 33168
CITY-ST-ZIP TITLE	HOMITI WILKING TE SOTOO	☐ DELETE	2.1 TITLE		Change Addition
			2.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-1	51-ZIP	Change Addition
TITLE			3.2 NAME		_ , _
NAME			L	T 4 DODESS	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-1	SI-ZIP	☐ Change ☐ Addition
TITLE		□ nerei∉			
NAME			4. 2 NAME		
STREET ADDRESS			1	TADORESS	٥
CITY-ST-ZIP			4.4 CITY-5 5.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE			5.1 IIILE 5.2 NAME		
NAME				TADORESS	S
STREET ADDRESS			5.4 CITY- 9		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	31*ZIF	☐ Change ☐ Addition
TITLE		☐ NETELE	6.2 NAME		
NAME				TADDOFOR	
STREET ADDRESS				T ADDRESS	8
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanger or on an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #