SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000022734 (6)

AMERICAN DRAIN & SEPTIC, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AVG 96 AL 27 AM 8: 38



Principal Place	of Business	Mailing Address				
Principal Place of Business Mailing Address 5210 SW 141ST PL MIAMI FL 33175 MIAMI FL 33175				BK UKlab		
				3. Date Incorporated of Qualified 03/24/1993	3a. Date of Last Report 06/07/1995	
2. Principal Place of Business 2a. Mailing 21		2a. Mailing Address 26		4. FEI Number 65-0395199	Applied For Not Applicable	
Suite, Apt #, etc 22		Suite. Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Z (p)	Country	R. This corporation has liability for florioa Statutes 10. Name and Address of New Received.	Yes No	
•	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New N	egistered Agent	
CHIN, JOHN Q 7700 N KENDALL DR			į l	82 Street Address (P.O. Box Number is No. Asceptable) 1 9 4 2 9 3 5		
SUITE 803			83		/9601032010	
Mif	AMI FL 33156		84 City	******	25,00 ****225,00 [85] Zip Code	
			1 1 7		FL	
office or re	o the provisions of Sections 607.0 agistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa	is authorized by the corpora	rporation submits this statement for the pation's board of directors. Thereby accept	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Stocative type the proved as a extremal tree.	no at a dette dure to the	(NOTE: Registered Agent sign fore re-	n in the harmon down	[JAI]	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	11 TILLE	•	Change Addition	
NAME	GIBSON, CARL		12 NAME			
STREET ADDRESS	5210 SW 141ST PL		13 SPREET ADORESS			
CITY-ST-ZIP	MIAMI FL 33175	DELETE	1.4 City - \$1 - ZiP		Change Addition	
TITLE	D Gibson, Darlene	[] OELEIE	2.1 T:TLE 2.2 NAME			
NAME	5210 SW 141ST PL		23 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33175		2 4 City - ST- ZIP			
TITLE	(1) 477 1 2 00 1 7 0	DELETE	3 1 TITLE		Change Addition	
NAME		 _	3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			34 CITY - ST - ZIP			
THILE		DELETE	4 1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		T BELETE	4.4 C(T) - ST Z(P		Change Addition	
TITLE		DELETE	5 1 TIFLE		Change Add.tion	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY - ST - 2		DELETE	54 GITY ST-ZIP 61 THEF		Change Addition	
TITLE		L. ottor	6 2 NAME		v.uiig 1.090001	
NAME			6.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	Learning that the information such	ried with this fil ha is voluntaril	64 CITY - ST-ZIP y furnished and does not go	ualify for the exemption stated in Section	119 07(3)(k) Florida Statutes I	

further certify that the information indicated on this acquail report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh, 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 Statuter, and that my name appears in Block 13 if changed, or on an attachment with an address that my name appears in

SIGNATURE:

MELLE STEPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR