

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Marman  
Secretary, A State  
Division of Corporations

**APPROVED**  
AND  
FILED

**DOCUMENT # P93000027296 (1)**

1. Corporation Name:

**SON MAR SOUTH SANITATION, INC.**

Principal Place of Business

351 JOG ROAD [REDACTED]  
WEST PALM BEACH FL 33413

Mailing Address

351 JOG ROAD [REDACTED]  
WEST PALM BEACH FL 33413

4/20/95

STATE OF FLORIDA  
WILSON, FLORIDA

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 21	26	2d. Mailing Address Suite Apt. # etc. 22	27	3. Date Incorporated or Organized 04/12/1993	3a. Date of Last Report 07/12/1994
City & State 23	28	City & State 27	28	4. FEI Number 65-0403261	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent  FILLIPPO, MARILYN 351 JOG ROAD [REDACTED] WEST PALM BEACH FL 33413				B. This corporation has liability for intangible tax under G-196 D-32, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
				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 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D FILLIPPO, MARILYN 2221 CYPRESS ISLAND DR #107 POMPANO BEACH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	
CITY ST ZIP		1. CITY ST ZIP	
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY ST ZIP		2. CITY ST ZIP	
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		3. CITY ST ZIP	
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY ST ZIP		5. CITY ST ZIP	
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY ST ZIP		6. CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 11907(b)(8), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a sealed under oath that I am an officer or director of the corporation or the trustee or holder empowers me to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an address.

**SIGNATURE:** *Marilyn J. Fillippo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

Capitol Records