FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Secretary of State

☐ Addition

Change

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400038145 (6)

COMMUNITY CONTAINER INSPECTION SERVICE, INC.

Principal Place of Business Mailing Address 1500 PORT BLVD.SHED G 1500 PORT BLVD.SHED G SUITE 12 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 05/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0531054 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box 23 Added to Fees Zip Zφ Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEINGARDEN, RONALD 540 BRICKELL KEY DRIVE 82 Stree SUIE 623 83 MIAMI FL 33131 84 City 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familia s authorized by the corporation's board of directors. I hereby accept the appointment as registered Florida Statutes. (NCTE: Registered Agent signature required when reinstating) 12, OF LICERS AND DIRE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Ď 1.1 TITLE Change ■ Addition NAME WEINGARDEN, RONALD 1.2 NAME 8960 S.W. 130 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP

officer or director of the corporation of the recover of trustee employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing an additional will an additional will an additional statutes.

14. Thereby 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 angual report is true and accurate and that fly signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recover of trusted employered to execute this regort as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-7ip

DELETE