

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

~~1998~~ 1999

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90023 047 \*\*\*150.00

DOCUMENT # **P94000065267 (4)**

1. Corporation Name

**CITY ENVIRONMENTAL SERVICES, INC. OF MIAMI**

Principal Place of Business

**3400 EAST LAFAYETTE  
DETROIT MI 48207**

Mailing Address

**3400 EAST LAFAYETTE  
DETROIT MI 48207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/06/1994**

4. FEI Number

**65-0524544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax (due June 30). ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and principal officer

NOTE: Registered Agent signature required when registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>D</b>	<input type="checkbox"/> DELETE	
	<b>SOAVE, ANTHONY</b>	<b>3400 EAST LAFAYETTE</b>	<b>DETROIT MI 48207</b>
	<b>P</b>	<input type="checkbox"/> DELETE	
	<b>LEVIN, YALE</b>	<b>3400 E LAFAYETTE</b>	<b>DETROIT MI</b>
	<b>XRX</b>	<input type="checkbox"/> DELETE	
	<del>ASKUTO, GEORGE</del>	<del>3400 E LAFAYETTE</del>	<del>DETROIT MI</del>
	<del>XRX</del>	<input type="checkbox"/> DELETE	
	<del>GOLLOVA, DON</del>	<del>3400 E LAFAYETTE</del>	<del>DETROIT MI</del>
	<b>ST</b>	<input checked="" type="checkbox"/> DELETE	
	<b>MANCZAK, RICHARD</b>	<b>3400 EAST LAFAYETTE</b>	<b>DETROIT MI</b>
	<input type="checkbox"/> DELETE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 changed, or on an attachment with an address.

SIGNATURE: **B. M. Frank**

Bryant M. Frank, Secretary 4/27/99 367-7000