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PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006605 (6)

QUORUM SANITECH, INC.

Principal Place of Business Mailing Address 10578 HAGEN RANCH RD. 10576 HAGEN RANCH RD. BOYNTON BEACH FL 33437-3718 **BOYNTON BEACH FL 33437** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1995 08/07/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3305549 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEPITONE, JOSEPH Name 812 N.W. FIRST STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 83 84 City 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 title if applicable (NOTE flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE PEPITONE, JOSEPH NAME 1.2 NAME CR2E034 812 N.W. FIRST STREET STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33311 CITY-ST-ZIP 14 CITY- \$1-7IF DELETE Addition Change TITLE 2.1 TITLE MESSING, ANDREW 2.2 NAME 10576 HAGEN RANCH RD. STREET ADDRESS 2.3 STREET ADDRESS BOYNTON BCH. FL 33437 CITY-ST-ZIP 2 4 CITY - ST- ZIP □ DELETE Change Addition 3.1 TITLE NAME CARIDI, MICHELE 3.2 NAME 3050 NE 44TH ST. STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

14. I do hereby certify that the information supplied with this Himg 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 angust 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 is 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.