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

PROFIT CORPORATION ANNUAL REPORT

.CHY-\$1-20:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000020690 (0)

DAN GALASSO JR. CARTING, INC.

Principal Place of Business Mailing Address 2104 S.W. 58TH AVE 2104 S.W. 58TH AVE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-3035 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1995 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0564462 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζıρ ZiD Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GALASSO, DANIEL F JR. 2104 S.W. 58TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 83 84 City 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 Suprar in type dior printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)TRUE DELETE 1.1 TIPLE Change Addition GALASSO, DANIEL F JR. 1.2 NAME NAME 2104 S.W. 58TH AVE. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33023 1.4 CITY-ST-ZIP CHY-S1-20 DELETE Change Addition 100 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-Zip 2.4 CITY-ST-ZIP DELETE Change Addition JULE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CHY-St 20 DELETE Addition 4.1 TITLE THE NAM 4. 2 NAME STREET APORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST 70 Change DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-\$1-ZIP C-TY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

appears in Block 13 or Block 13 if changed, or on an attachment with an address.

64 CITY - ST - ZIP 14. I do 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

FILED Apr 23 1997 8:00am Secretary of State

