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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF ST

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000029267 (7)

**AMERICAN SEPTIC PRODUCTS 11, INCORPORATED** 

Principal Place of Business
40210 NW 50TH ST

Mailing Address

10210 NW 50TH ST SUNRISE FL 33351-6045

## FILED May 06 1997 8:00am Secretary of State



SUMMISE FL-3	UMRISE FL 33351 SUNRISE FL 33351-8045 -								
					3. Date Incorporated or Qualified 03/29/1996	3a. Date of L	ast Report		
2. Principal Pl	lace of Business	2a. Mailine Address		nicación A	4. FEI Number		Applied For		
21 6041	Kimberly Blvd.		H UN	INSERTIFY D	R. 65-0655579		Not Applicable		
<u> </u>	uite L	Suite, Apt. #, etc. 27 SULTE # 37	72	,	Certificate of Status Desired	11 7	. <b>75</b> Additional ee Required		
City & State  Springs, FL  28					Efection Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
21 33068 25 Broward 29 33067 30 Broward					8. This corporation has liability for Intapgible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
BISS	S, KENNETH P		81	Name					
4891 N UNIVERSITY DR #372					ss (P.O. Box Number is Not Acceptable)				
COF	RAL SPRINGS FL 33067	•		Order ridar	as (F.O. Box Number is not Acceptable)				
			83						
			84	City		loci	Zin Ondo		
			64	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	Signalure, typed or printed name of registered agent a	and tire if portleable (NOTE: E	topictored Am	nel econolore recorre	od when reinstating)	DATE			
12.	OFFICERS AND D		13.	en agrante tedute	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12		
TITLE		DELETE	1,1 TITLE	D <sub>r</sub>	estdent	☐ Ch			
NAME			1.2 NAME	1 2 1	enneth P. Biss.	_			
STREET ADDRESS			1.3 STREET ADDRESS		enneth P. Biss	1. Suite	# 372		
CITY-ST-ZIP			1.4 CITY-5	• •		33067			
TITLE		DELETE	2.1 TITLE		144 3pi 119 31 12		ange Addition		
NAME		<del></del> -	2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-ST-ZIP						
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NAME			3.2 NAME			<u></u>	go [		
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CITY-ST-ZIP					•				
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CITY-ST-ZIP			1						
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NAME			6.2 NAME			011			
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - 5						
14. I do hereb	by certify that the information supplied w	vith this filing does not qualify f	or the eve	motion stated	in Section 119.07(3)(i). Florida Statute	s. I further certify	that the		
Information	n indicated on this annual report or sup- fficer or director of the comporation or the	plemental amual report is true e receiver of frustee empowers	and acci	urale and that cute this report	my signature shall have the same legal Las required by Chapter 607, Florida S	l effect as if mad tatutes; and that	le under oath; that my name		