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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P97000084190

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

Zip

24

DISPOSITION HOLDING CORP.

| Principal Place of Business Mailing Address |                                    | ( 1990) After the leaft (edit) aske sales sales abter (du) sees the sales (aske sales) |                                   |  |  |
|---|------------------------------------|--|-----------------------------------|--|--|
| 3600 NW 82ND AVE<br>MIAMI FL 33166          | 3600 NW 82ND AVE<br>MIAMI FL 33166 | DO NOT WRITE IN THIS   | S SPACE                           |  |  |
|   |                                    | 3. Date Incorporated or Qualifed 09/29/1997  |                                   |  |  |
| 2. Principal Place of Business              | 2a. Mailing Address                | 4. FEI Number  | Applied For                       |  |  |
| 21  | 26                                 | 65-0787175   | Not Applicable                    |  |  |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc.                | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |  |  |
| _City_& State                               | City: &: State                     | 6. Election Campaign Financing   | \$5.00 May Be<br>Added to Fees    |  |  |

Zip

29

O'MEARA, VICKI A 82 Street Address (P.O. Box Number is Not Acceptable) 3600 NW 82ND AVE **MIAMI FL 33166** 83 Zip Code 84 City 85

81 Name

Country

30

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 ai    | m familiar with, and accept the obligations of, Section                      | 607.0505, Florida | Statutes.                   |                          |   | j             |
|----------------|--|-------------------|-----------------------------|--------------------------|---|---------------|
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Re         | gistered Agent signature re | cuired when reinstation) | DATE  | 6<br>RS IN 12 |
| 12.            | OFFICERS AND DIRECTORS   |                   | 13.                         | <u> </u>                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |               |
| TITLE 1        | ρ  | ☐ DELETE          | 1,1 TITLE                   |                          | ☐ Change  | ☐ Addition ₹  |
| NAME           | LYNOTT, MICHAEL T  | ļ                 | 1.2 NAME                    |                          |   | 1 2           |
| STREET ADDRESS | 3600 NW 82ND AVE   |                   | 1.3 STREET ADDRESS          |                          |   | 6             |
| CITY-ST-ZIP    | MIAMI FL 33166   |                   | 1.4 CITY-ST-ZIP             |                          |   | C Addition    |
| TITLE          | VP   | ☐ DELETE          | 2.1 TITLE                   |                          | ☐ Change  | ☐ Addition    |
| NAME           | BARR, JAMES A  |                   | 2.2 NAME                    |                          |   | } .           |
| STREET ADDRESS | 3600 NW 82ND AVE   |                   | 2.3 STREET ADDRESS          |                          |   | }             |
| CITY-ST-ZIP    | MIAMI FL 33166   |                   | 2.4 CITY-ST-ZIP             |                          |   |               |
| TITLE          | VPT  | ☐ DELETE          | 3.1 TITLE                   |                          | Change >-   | Addition      |
| NAME           | -HENDRICKS, VERNON L   |                   | 3.2 NAME                    | •                        | •   |               |
| STREET ADDRESS | 3600 NW 82ND AVE   |                   | 3.3 STREET ADORESS          |                          |   | . [           |
| CITY-ST-ZIP    | MIAMI FL 33166   |                   | 3.4. CITY-ST-ZIP            |                          |   | {             |
| TITLE          | \$   | ☐ DELETÉ          | 4.1 TITLE                   |                          | Change  | Addition      |
| NAME           | MATIAS, MARIA C  | !                 | 4. 2 NAME                   |                          |   | 1.            |
| STREET ADDRESS | 3600 NW 82ND AVE   |                   | 4.3 STREET ADDRESS          |                          |   | · ·           |
| CITY-ST-ZIP    | MIAMI FL 3316  |                   | 4.4 CITY-ST-ZIP             |                          |   |               |
| TITLE (        |  | □ DELETE          | 5.1 TITLE                   |                          | Change  | ☐ Addition    |
| NAME           | •  |                   | 5.2 NAME                    |                          |   | {*·           |
| STREET ADORESS |  |                   | 5.3 STREET ADORESS          |                          |   |               |
| CITY-ST-ZIP    |  |                   | 5.4 CITY-ST-ZIP             |                          |   |               |
| TITLE          |  | DELETE            | 6.1 TITLE                   |                          | Change  | Addition      |
| NAME           |  |                   | 6.2 NAME                    |                          |   | )             |
| STREET ADDRESS |  |                   | 6.3 STREET ADDRESS          |                          |   | }.            |
| CITY-ST-ZIP    |  |                   | 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 of 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 trusted 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, with all other like empowered.

SIGNATURE:

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

This corporation owes the current year Intangible
Personal Property Tax.

10. Name and Address of New Registered Agent

Personal Property Tax.

DNo N/A

03-22-1999 90001 043 \*\*\*150.00

# 244914-90001-43 P97000084190

11/02/98

## DISPOSITION HOLDING CORP.

(Florida)

### **OFFICERS**

MICHAEL T. LYNOTT

JAMES R. BARR VERNON L. HENDRICKS

MARIA C. MATIAS

WILLIAM A. GARCIA

PRESIDENT VICE PRESIDENT

VICE PRESIDENT & TREASURER

SECRETARY

ASSISTANT TREASURER

### **DIRECTORS**

MICHAEL T. LYNOTT JAMES R. BARR VERNON L. HENDRICKS MARIA C. MATIAS