## 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** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90028 022 \*\*\*150.00

## **DOCUMENT #** P97000096756

1. Corporation Name

VALET WASTE, INC.

Principal Place	e of Business	Mailing Address			1				
2109 PALM AVENUE		2109 PALM AVENUE							
SUITE 304		SUITÉ 304			_				
TAMPA FL 33605		TAMPA FL 33605			DO NOT WRITE IN THIS SPACE				$\neg$
					3. Date Incorporated	or Qualifed			
					11/13/1997				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u>_</u>	Applied For	
21	·	26			<u>59-3475765</u>			Not Applicable	e
Suite, Apt.	#, etc.'	Suite, Apt. #, etc.	-		5. Certificate of Statu	s Desired		<b>5</b> Additional	ł
22		27					Fee	Required	= -
City & State		City & State			6. Election Campaign	n Financing		<b>00</b> May Be	
23		28			Trust Fund Contrib	bution		led to Fees	-
Zip	Country	Zip	Cou	ntry	8. This corporation of				
24	25	29	30		Personal Property		Yes	No	_
	9. Name and Address of Current	Registered Agent			10. Name and Addre	ss of New Regist	ered Agent		{
		81		81 Name					
FERRIS, MICHAEL K				82 Street A	ddress (P.O. Box Number is	Not Acceptable)			7
2109 PALM AVENUE									_
SUITE 304				83					
TAM	PA FL 33605			PA Cib.		<del></del>	85	Zip Code	ᅴ
				84 City			FL   ື	cip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-named c	orporation submits this state	ment for the purpos	se of changing	its registered	
Office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	t Fionda, Suco change was au	tnorizec	i ov ine comor	ration's board of directors. I h	hereby accept the a	appointment a	s registered	
agent, i ai				ITAS					
Ū	III lattillat with, and accept the congain	, , , , , , , , , , , , , , , , , , , ,	da Stati	utes.					
SIGNATURE		•		леs. 	quired when reinstating)	DAT	E		_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		леs. 		DAT		CTORS IN 12	(80)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered	Agent signature req	quired when reinstating)	DAT			- CO (44)
SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered	Agent signature req	quired when reinstating)	DAT	S AND DIRE		94 (44)00)
SIGNATURE  12.  11TLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D FERRIS, MICHAEL K.	and title if applicable. (NOTE:	13, 1.1 T/ 1.2 N/	Agent signature req	quired when reinstating)	DAT	S AND DIRE		9 4
SIGNATURE  12.  17TLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907	and title if applicable. (NOTE:	13. 1.1 T/ 1.2 N/ 1.3 ST	Agent signature red	quired when reinstating)	DAT	S AND DIRE		9 (44,00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent.  OFFICERS AND  D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613	and title if applicable. (NOTE:	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/	Agent signature red  LE  ME  REET ADDRESS  IY-ST-ZIP	quired when reinstating)	DAT	S AND DIRE	nge	0.00004 /
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent.  OFFICERS AND  D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D	and title if applicable. (NOTE: D DIRECTORS D DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/	Agent signature red  TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE	quired when reinstating)	DAT	S AND DIRE	nge	0.00004 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J	and title if applicable. (NOTE: D DIRECTORS D DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/	Agent signature red  TLE  IME  REET ADDRESS  IY-ST-ZIP  TLE  IME	quired when reinstating)	DAT	S AND DIRE	nge	0.00004 /
SIGNATURE  12.  171.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J 11217 SHADYBROOK DRIVE	and title if applicable. (NOTE: D DIRECTORS D DELETE	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1	Agent signature red  FLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS	quired when reinstating)	DAT	S AND DIRE	nge	0.00004 /
SIGNATURE  12.  17LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J 11217 SHADYBROOK DRIVE TAMPA FL 33622	and title if applicable (NOTE: D DIRECTORS DELETE DELETE	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 Cf 2.1 T/ 2.2 N/ 2.3 S1	Agent signature red  TLE  IME  REET ADDRESS  IY-ST-ZIP  TLE  IME  REET ADDRESS  ITY-ST-ZIP	quired when reinstating)	DAT	S AND DIRE	nge Addition	on O
SIGNATURE  12.  171.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J 11217 SHADYBROOK DRIVE TAMPA FL 33622. D	and title if applicable. (NOTE: D DIRECTORS D DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST 2.4 C/ 3.1 T/	Agent signature red FLE ME REET ADDRESS IY-ST-ZIP FLE ME REET ADDRESS ITY-ST-ZIP LE REET ADDRESS	quired when reinstating)	DAT	S AND DIRE	nge Addition	n nc
SIGNATURE  12.  177.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J 11217 SHADYBROOK DRIVE TAMPA FL 33622 D SMITH, BRENT R	and title if applicable (NOTE: D DIRECTORS DELETE DELETE	13. 1.1 TJ 1.2 NA 1.3 ST 1.4 CC 2.1 TJ 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA	Agent signature red FLE MME REET ADDRESS IY-ST-ZIP FLE MME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME	quired when reinstating)	DAT	S AND DIRE	nge Addition	on O
SIGNATURE  12.  117.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J 11217 SHADYBROOK DRIVE TAMPA FL 33622. D SMITH, BRENT R 3225 BASEBALL POND ROAD	and title if applicable (NOTE: D DIRECTORS DELETE DELETE	13. 1.1 TJ 1.2 NV 1.3 ST 1.4 CC 2.1 TI 2.2 NV 2.3 ST 3.1 TI 3.2 NV 3.3 ST	Agent signature red  TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS  ITY-ST-ZIP  LE  ME  REET ADDRESS	quired when reinstating)	DAT	S AND DIRE	nge Addition	on O
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SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND D FERRIS, MICHAEL K. 14240 N 42ND ST #2907 TAMPA FL 33613 D MAGRISSO, DAVID J 11217 SHADYBROOK DRIVE TAMPA FL 33622. D SMITH, BRENT R 3225 BASEBALL POND ROAD	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST 3.4 C/ 3.1 T/ 3.2 N/ 3.3 ST 3.4 C/ 4.1 T/ 4.2 N/ 4.3 ST 4.4 C/ 5.1 T/ 5.2 N/ 5.3 ST 5.4 C/ 6.1 T/ 6.2 N/	Agent signature red  TLE  ME REET ADDRESS IY-ST-ZIP  TLE  ME REET ADDRESS ITY-ST-ZIP  TLE  ME REET ADDRESS ITY-ST-ZIP  TLE  AME REET ADDRESS IY-ST-ZIP  TLE  AME REET ADDRESS IY-ST-ZIP  TLE  ME	quired when reinstating)	DAT	S AND DIRE Chai	nge Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition	on on

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, with all other like empowered.

SIGNATURE:

4-1-99