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## 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 # P9800006748

1. Corporation Name

SEPTIC	CONNECTIONS, INC.			) (	A BANKA BIRNI KUNTE BIRUK 1814 (80)
Principal Place	e of Business	Mailing Address		- I INRIINET ISTE INIUS INIUS BUSEL NUTTE ANTE	1 MB-10 Malisa (MMC) Mamma aman (MM)
4310 SW 25 ST HOLLYWOOD FL 33023 4310 SW 25 ST HOLLYWOOD FL 33023				DO NOT WRITE IN THI	S SPACE
	A.			3. Date Incorporated or Qualifed 01/20/1998	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 PO BOX 386	65	65-0805542	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	е.	City & State  28 W. HOLLYWOO	D, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	zip 29 <b>33083-386</b> 5 3	Cbuntry	This corporation owes the current year language Personal Property Tax.	∐ Yes 🖾 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
SOLI	omon, Teresa		01 Name		
4310 SW 25 ST			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33023			83		
					as Zin Codo
			84 City	F	L 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	if Florida, Such change was aut	thonzed by the comoration	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered cintment as registered
SIGNATURE	( 'Yer	and title if applicabil). (NOTE:	Registered Agent signature requires	d when reinstation) DATE	199
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, TERESA J		1.2 NAME		
STREET ADDRESS	4310 SW 25 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE	•	
NAME			2.2 NAME	•	, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE	Secretary of the Control of the Cont	☐ Change ☐ Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	• ***	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	· ·	ł
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME	·	vecere	5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
	<del>                                     </del>	□ nei ete	61 TITLE		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP