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 # P98000044301

1. Corporation Name DUMPSTERS, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90099 047 ***150.00



Principal Place of Business Mailing Address					-	$\overline{}$		DIN K a nn Be t)	311 6 18 69 11161	
8129 N.W. 88TH AVENUE TAMARAC FL 33321			8129 N.W. 88TH AVENUE TAMARAC FL 33321								
									E IN THIS	SPACE	
							3. Date Incorporated or 05/15/1998	Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Add	dress				4. FEI Number		2/	Ap	plied For
21	and the service of the second	26	Sec. 1.1-	~ .	٠.		65-08	509	62	. No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certificate of Status D			\$8.75 / Fee Re	Additional equired
City & State	e	City & State	e				6. Election Campaign Fi	inancing		\$5.00	May Be
23	•	28				1	Trust Fund Contributi	-		Added	
Zip	Country	Zip		Country			8. This corporation owe:	s the curre	ent year inta	ngible	
24	25	29	30	3		1	Personal Property Ta			Yes	□No
	9. Name and Address of Currer	nt Registered Agent	t				10. Name and Address	of New R	egistered /	Agent	
				81	Name	•					
	IGS, INC.			82	Street	Addres	s (P.O. Box Number is No	nt Accenta	hle)		
	N.W. 16TH STREET					. Addies	S (F.O. DOX Number is no	n Accepts	<i>-</i> 10)		
FT. L	AUDERDALE FL 33311-4132			83							
	,			84	City				FL	85 Zip	Code
44 🖯	to the provisions of Sections 607.050	2 and 607 1508 Elo	vida Statutes	the above	e-namer	d corpora	ation submits this stateme	nt for the	ourpose of	hanging its	registered
office or re	egistered agent, or both, in the State	of Florida. Such cha	inge was auth	orizea by	tne con	poration's	s board of directors. I here	eby accep	t the appoir	itment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 60/	7.0505, Florida	a Statutes							}
											ſ
SIGNATURE	Claresture, haved as printed name of registered age	ot and title if applicable	(NOTE: Re	nistered Apen		w benunea	hen reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
	Signature, typed or printed name of registered age		(NOTE: Re	-		required w	hen reinstating) ADDITIONS/CHANGE	S TO OFF		D DIRECTO	DRS IN 12
12.	OFFICERS AN	ND DIRECTORS	(NOTE: Re	gistered Agen 13. 1.1 TITLE		required w		S TO OFF		D DIRECTO	DRS IN 12
12.	OFFICERS AN	ND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		required w		S TO OFF			
12. TITLE NAME	D IZGI, CAN	ND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13. 1.1 TITLE 1.2 NAME	nt signature			S TO OFF			
12. TITLE NAME STREET ADDRESS	D IZGI, CAN 8129 N.W. 88TH AVENUE	ND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature			S TO OFF			
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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 plan attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR