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 14, 1999 8:00 am Secretary of State

04-14-1999 90134 006 ***150.00

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DOCOMENT #	P9XUUUUNX340

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
PETHOE	EUM HAULERS, INC.					
Principal Plac	ce of Business	Mailing Address				1 (02)(02) (49 (6:5) (5)(1 50(3) 40(4) 40(4) 40(4) 40(4) 40(4) 40(4)
6950 RALEIGH HOLLYWOOD	STREET	6950 RALEIGH STREET HOLLYWOOD FL 33024				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	•					08/05/1998
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21	= · · · · · · · · · · · · · · · · · · ·					65-085 65-08563 44 Not Applical
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				S8.75 Additional
22	27					5. Certificate of Status Desired Fee Required
City & Sta	te ,	City & State	~~~			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
	HARAJ, RADESH PERSAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	O RALEIGH STREET			02	Silvet Addit	555 (F.O. Box Mullion in Not Accordancy
HO	LLYWOOD FL 33024			83		
	•					las 7:- Code
				84	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	DTE: Registered	d Agent	signature required	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 T	ITLE		☐ Change ☐ Add
NAME	MAHARAJ, RADESH PERSAD		1.2 N	IAME		
STREET ADDRESS			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 C	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 T	2.1 TITLE		☐ Change ☐ Add
NAME			2.2 N	IAME		
STREET ADDRESS	5		2.3 S	TREET	ADDRESS	
CITY-ST-ZIP			2.40	CITY-ST	- ZIP	
TITLE		☐ DELETÉ	3.1 T	TTLE		Change Add
NAME			3.2 N	IAME		
STREET ADDRESS	s .		3.3 S	TREET	ADDRESS	
CITY-ST-ZiP			3.4. 0	CITY-ST	r- ZIP	
TITLE		☐ DELETE	4.1 Ti	ITLE		☐ Change ☐ Add
NAME			4.21	VAME		
STREET ADDRESS	s		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 C	ITY-ST-	-ZIP	
TITLE		☐ DELETE	5.1 T			☐ Change ☐ Add
NAME				AME		
STREET ADDRESS	s				ADDRESS	
CITY-ST-ZIP	٠	- - ··		TY-ST-	-ZIP	
TITLE		☐ DELETE	6.1 T			☐ Change ☐ Add
NAME			6.2 N	IAME		

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 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 18 or Block 19 or Block 1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATUŘE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED I