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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000086119

1. Corporation Name

FLORIDA SANITATION, INC.

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

04-06-1999 90082 010 \*\*\*150.00



| Principal Place of Business Mailing Address                           |   |   |              |          |                      |                            | i 18912901 jin ipini iniii naiii di      |               | #11# #11#s | 1188) (1 | BIO (81) (BQ) |
|---|---|---|--------------|----------|----------------------|----------------------------|--|---------------|------------|----------|---------------|
| · ·   |   |   |              |          |                      |                            |  |               |            |          |               |
| 355 S.E. 6TH STREET 355 S.E. 6TH STREET DANIA FL 33004 DANIA FL 33004 |   |   |              |          |                      |                            | •  |               |            |          |               |
| DAIN 12 00007   |   |   |              |          |                      | DO NOT WRITE IN THIS SPACE |  |               |            |          |               |
|   |   |   |              |          |                      | 3.                         | Date Incorporated or Qualifed 10/06/1998 |               |            |          |               |
| 2. Principal Pl   | ace of Business                             | 2a. Mailing Address   |              |          |                      | 4.                         | FEI Number                               |               |            | App      | ied For       |
| 21 183  | 1 2 Che N                                   | 26  |              |          |                      |                            | 65-087660                                | 8             |            | Not      | Applicable    |
|   | #, etc.                                     | Suite, Apt. #, etc.   |              |          |                      | _                          |  |               | \$8.7      | 75 Ac    | ditional      |
| 22 Frank  | o Harth                                     | 27  |              |          | -                    | 5.                         | Certificate of Status Desired            |               | Fee        | e Req    | uired         |
| City & State  | 1 11  | City & State  |              |          |                      | 6.                         | Election Campaign Financing              |               | \$5.       | 00 N     | lay Be        |
| 23 / Nake   | e (1)orth Ile                               | 28  |              |          |                      |                            | Trust Fund Contribution                  |               | Add        | led to   | Fees          |
| Zip   | Country                                     | / Zip   | Countr       | y        |                      | 8.                         | This corporation owes the cur            | ent year Inta | ngible     |          |               |
| 24 334  | 761 25 Palm (5                              | uach 29   | 30           |          |                      |                            | Personal Property Tax.                   |               | Yes        |          | ₽No           |
|   | 9. Name and Address of                      | current Registered Agent  |              | _        |                      | 10.                        | Name and Address of New I                | Registered /  | Agent      |          |               |
|   |   |   | 8            | 1        | Name                 |                            |  |               |            |          |               |
|   | ILLI, VICTOR                                | •   | 8:           | <u>-</u> | Street Address       | e (P                       | O. Box Number is Not Accept              | able)         |            |          |               |
|   | s.e. 6th street                             |   | "            | 1        | Street Address       | 33 (I                      | .O. BOX Number is Not Accept             | abio)         |            |          |               |
| DANI  | A FL 33004                                  |   | 8:           | 3        | ·-                   |                            |  |               |            |          |               |
|   | •   |   | _            | 4        | 011                  |                            |  |               | los :      | Zip Co   |               |
|   |   |   | 84           | 4        | City                 |                            |  | FL            | 85         | ZIP C    | oue           |
| 11 Pursuant I   | to the provisions of Sections 6             | 17.0502 and 607.1508, Florida Statutes  | s, the above | V8-1     | named corpor         | ation                      | submits this statement for the           | purpose of    | changin    | g its re | gistered      |
| office or re  | egistered agent or both in the              | State of Florida. Such change was autobligations of, Section 607.0505, Floridations | thorized b   | v th     | ne corporation       | 's bo                      | pard of directors. I hereby acce         | ot the appoin | itment a   | ıs regi  | stered        |
| SIGNATURE   |   |   |              |          |                      |                            | <u> </u>                                 |               |            |          |               |
|   | Signature, typed or printed name of registe |   |              | ent s    | signature required w |                            | <del></del>                              | DATE          | n DIRE     | CTOS     | C IN 12       |
| 12.   |   | RS AND DIRECTORS  | 13.          |          |                      | - +                        | ADDITIONS/CHANGES TO OF                  | FICERS AN     | Chai       |          | Addition      |
| TITLE   | PD ONE LL MOTOR                             | ☐ DECETE  |              |          |                      |                            |  |               |            | i igc    |               |
| NAME  | CINELLI, VICTOR                             |   | 1.2 NAME     |          |                      |                            |  |               |            |          | İ             |
| STREET ADDRESS  | 355 S.E. 6TH STREET                         |   | 1.3 STRE     |          |                      |                            |  |               |            |          | [             |
| CITY-ST-ZIP   | DANIA FL 33004                              |   | 1.4 CITY-    |          | ZIP                  |                            |  |               | ☐ Char     |          | Addition      |
| TITLE   | VPSD  | ☐ DELETE  | 2.1 TITLE    |          |                      |                            |  |               | ∐ ¢nar     | nge      | L. Addition   |
| NAME  | CINELLI, LILLIAN                            |   | 2.2 NAME     | £        |                      |                            |  |               |            |          |               |
| STREET ADDRESS  | 355 S.E. 6TH STREET                         |   | 2.3 STRE     | ET A     | ADDRESS              |                            |  |               |            |          |               |
| CITY-ST-ZIP -   | _ DANIA FL 33004                            |   | 2.4 CITY     | ·ST-     | - ZIP                |                            | 45 111                                   |               |            |          |               |
| TITLE   | _   | ☐ DELETE .  | 3.1 TITLE    | ĺ        |                      |                            |  |               | Chai       | nge      | ☐ Addition    |
| NAME  |   |   | 3.2 NAME     | Ξ        | 1                    |                            |  |               |            |          | İ             |
| STREET ADDRESS  |   |   | 3.3 STRE     | ET A     | ADDRESS              |                            |  |               |            |          |               |
| CITY-ST-ZIP   |   |   | 3.4, CITY    | -ST-     | -ZIP                 |                            |  |               |            |          |               |
| TITLE   |   | ☐ DELETE  | 4.1 TITLE    |          |                      |                            |  |               | Cha        | nge      | ☐ Addition    |
| NAME  |   |   | 4. 2 NAM     | Ε        |                      |                            |  |               |            |          | ļ             |
| STREET ADDRESS  |   |   | 4.3 STRE     | ETA      | ADDRESS              |                            |  |               |            |          | Ì             |
| CfTY-ST-ZIP   |   |   | 4.4 CITY-    | ST-      | ZIP                  |                            |  |               |            | _        |               |
| TITLE   |   | ☐ DELETE  | 5.1 TiTLE    |          |                      |                            |  |               | Cha        | nge      | Addition      |
| NAME  |   |   | 5.2 NAME     | ž `      | · .                  |                            |  |               |            |          | {             |
| STREET ADDRESS  |   |   | 5.3 STRE     | ETA      | * *                  |                            |  |               |            |          |               |
| CITY-ST-ZIP   | •   |   | 5.4 CITY-    | ST-      | ZIP                  |                            | e  | · 🔍           | ,          |          |               |
| TITLE   |   | ☐ DELETE  | 6.1 TITLE    | _        |                      |                            |  |               | Chai       | nge      | Addition      |
| NAME  | •   | <del>_</del>  | 6.2 NAME     | Ē        |                      |                            |  |               |            |          |               |
| etpeet Annoess  |   |   | 6.3 STRE     | ETA      | ADDRESS              |                            |  |               |            |          |               |

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

954-920 0605 Davime Phone #