## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



## S0301

## Jan 26 1998 8:00am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)SERAWASTE SYSTEMS CORPORATION

Principal Plac	e of Business	Mailing Address	Mailing Address			(EBISE III 8400 1111)		
% ROYALD A	ZELL	% royald a. Zell	% ROYALD A. ZELL					
4908 WEST NASSAU STREET		PO BOX 271352	PO BOX 271352			DO NOT WOITE IN THE OPAGE		
TAMPA FL 33607			TAMPA FL 33688			DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualified		
		24.2				09/17/1990		
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number	<del></del>	Applied For
21		26			59-3061927		Not Applicable	
Suite. Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	T	Additional
22		27				Fee F	Required	
City & State		City & State			6. Election Campaign Financing		<b>)</b> Мау Ве	
23		28				Trust Fund Contribution	Added	i to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the cur		
24	25	29	30				7	∐ No
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent				10. Name and Address of New Registered	Agent	
ZEL	L, ROYALD A.			81	Name			
490	8 WEST NASSAU ST.		82 Street A		Street Addre	ss (P.O. Box Number is Not Acceptable)		
	MPA FL 33607			-	Olical Madra	ou (1.0. box realises is real recognition)		
				83				
			Ļ				<del></del>	
				84	City	FL	'   '	Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	ites, the ab	ove-	-named corpo	eration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing	its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the oblic	e of Florida. Such change was rations of Section 607.0505. F	authorized Iorida Stati	ites.	the corporation	on's board of directors. I hereby accept the app	oiniment a	s registered
		, , , , , , , , , , , , , , , , , , , ,	(Orida Ciair					
SIGNATURE	Signature, typed or printed pame of registered ag	ent and title if applicable. (NC	TE: Registered	Agen	t signature required	1 when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	R\$ IN 12
TITLE	D	DELETE	1.1 TIT	LE	1	1111	☐ Change	Addition
NAME	ZELL. ROYALD A		1.2 NA	ME	1			
STREET ADDRESS	4908 W NASSAU ST.		1.3 ST	REET A	ADDRESS			
CITY - ST - ZIP	TAMPA FL		1,4 C/T		i			
TITLE	13 431 74 1 2	DELETE	2.1 TO LE		- 24		Change	Addition
NAME			2.2 NA					
					nnngaa			
STREET ADORESS					ADDRESS			
CITY-ST-ZIP	Lippicate			2. 4 CITY - ST - ZIP			Change	Addition
TITLE		DELETE	3.1 TIT				Change	Addition
NAME			3.2 NA		ļ			
STREET ADDRESS			3.3 STF	REET A	ADDRESS			•
CITY - ST - ZIP			3.4. CIT	ry - st	r-zip		<del></del>	7===1
TITLE		☐ DELETE	4.1 TIT	LE			☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET A	ADDRESS			
CITY - ST - ZIP			4.4 CIT	Y-ST-	- ZiP			
TITLE		DELETE	5.1 TIT	LE			Change	Addition
NAME			5.2 NA	VÆ				
STREET ADDRESS					ADDRESS			
ì			5.4 CIT					
CITY-ST-ZIP TITLE		☐ DELETE	6,1 TITI		-20		Change	Addition
NAME			6.2 NA					
STREET ADDRESS			■ 6.3 STF	GET A	NDORESS			

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of the receiverpor 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.

**SIGNATURE:** 

**FILED**