

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 # S35124

1. Corporation Name

LAUDERDALE SAND & FILL, INC.

Principal Place of Business

**900 NW 8TH AVE.
FT. LAUDERDALE FL 33311**

Mailing Address

**900 NW 8TH AVE.
FT. LAUDERDALE FL 33311**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90158 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

65-0247861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PACKARD, MARTHA M.
900 N.W. 8TH AVE.
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name **Tiso, Marcelline I.**

82 Street Address (P.O. Box Number is Not Acceptable)
900 N.W. 8th Avenue

83

84 City **Fort Lauderdale** **FL** **85** Zip Code **33311**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Marcelline I Tiso*
Signature, typed or printed name of registered agent and title if applicable

Marcelline I Tiso

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
GREENE, JAMES N.
STREET ADDRESS **900 NW 8TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **DV**
SULLIVAN, JAMES T
STREET ADDRESS **900 N.W. 8TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **DTAS**
ELMORE, ROBERT
STREET ADDRESS **900 NW 8TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **DS**
PACKARD, MARTHA M.
STREET ADDRESS **900 NW 8TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D/V/T** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D/S
Shields, Helen
900 N.W. 8th Avenue
Fort Lauderdale, FL 33311

D/AS ☐ Change ☒ Addition

Tiso, Marcelline I

900 N.W. 8th Avenue

Fort Lauderdale, FL 33311

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Marcelline I Tiso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcelline I Tiso

4/28/99

Date

(954) 523-3438

Daytime Phone #

CR2E034 (1/98)