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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 04 1997 8:00am Secretary of State

DOCUI 1. Corporation	MENT # S68975	(9)			
FIVE ST	ARS SANITATION, INC.			r læbindið ing dilæs sænne sænn læden dilik	Albir Brill brill medit brâlt Brâlt tâu
Principal Place of Business Mailing Address					MINIT NONE OTHER BIRTH BIRTH TONE
3315 NW 46TH ST MIAMI FL 33142		3315 NW 46TH ST MIAMI FL 33142-4341			
US	ž.	US			
				3. Date Incorporated or Qualified 07/18/1991	3a, Date of Last Report 04/11/1996
L	lace of Business	2a. Mailing Address		4. FEI Number 65-0322960	Applied For
21 Suite, Apt	#. etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24)	25]	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No
	9, Name and Address of Curren		1901	10. Name and Address of New Re	
	rtinez, Nelson		81 Name		
871 5TH ST. S.W.			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
NAP.	LES FL 33964		63		
(
			84 City		FL 85 Zip Code
11. Pursuant 1	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-named c	orporation submits this statement for the p	urpose of changing its registered
agent. Lai	eg stered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505,	is authorized by the corpo Florida Statutes	ration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE	Sign three typica or proceed rather of registered age	n) and little if southeable (1)	KOTE: Flogistered Agent signature re	or free tubes releasation	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TRUE	DPS	DELETE	1.1 TITLE		Change Addition
NAME	MARTINEZ, NELSON		1.2 NAME		
STREET ADDRESS	871 5TH ST. S.W. NAPLES FL		1.3 STREET ADDRESS		
CHY-ST-ZIP	NAPLEO FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
THLE		F" herete	2.1 TITLE 2.2 NAME		Change Addition
STREET AUDRESS			2.3 STREET ADDRESS		
GITY - ST - ZE ¹			2.4 CITY-ST-ZIP		1
TITLE		DELETE	3.1 TITLE	#### <u>#################################</u>	Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		•
CITY-ST-ZF		Driese	3.4. CITY - ST - ZIP		T 65
TITLE		L) DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
CHY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
THE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
THILE		DELETE "	6.1 TITLE		Change Addition
NAME			6.2 NAME		İ
STHEET AUDRESS			6.3 STREET ADDRESS		1

14. I do 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 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 13 if changed, or on an attachment with an address.

REQUIRED