FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

BOCA RATON FL 33432



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

rón**GEOIRBI**DIONS C

1996

1. Corporation Name

DOCUMENT #

RULAND TRASH REMOVAL, INC.

Pri	OMPANO BEACH FL 33069		Maling Address							
	300 NW 16TH ST OMPANO BEACH FL 330	69	В	35 NW 3 COURT BOCA RATON FL 33432						
U	S		U	\$			3. 2. 	f Last Report 01/1995		
Principal Place of Business			 	2a. Mailing Address			4. FEI Number	Applied For		
21	THEODOT ISSUED		26	<i></i>			65-0293182	Not Applicable		
	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Gountry 25	29	Zip (30)	Count	У	8. This corporation has liability for intangible tax Florida Statutes ✓ Yes ☐ No	under s. 199.032,		
24	g Name	and Address of Cu	1 1 1	ered Agent		10. Name and Address of New Registered Agent				
COLASUONNO, CHRIS						Nan Stre	ime reet Address (P.O. Box Number is Not Acceptable)			
	35 NW 3RD CT				L	<u> </u>				

11. Pursuant to the provisions of Sections 607.050? 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

83

City

12.	OFFICERS AND DIE	ane or supposed and the displacation of the APSE OFFICE RS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THTLE	D	☐ DELFTE	1 1 DILE	☐ Change ☐ Ad	ddition	
NAME	COLASUONNO, CHRIS		1.2 NAME			
STREET ADDRESS	35 NW 3RD CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	_	1.4 CITY - \$1 - ZIP			
TITLE	D	☐ DELETE	2 1 THILE	Change Ad	dilion	
NAME	COLASUONNO, CAESAR		2.2 NAME			
STREET ADDRESS	35 NW 3RD CT		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 CHY+ST_ZIP			
TITLE		DELFTE	3 1 TITLE	☐ Change ☐ Ad	dd-tion	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4.C-1Y - ST - ZIP			
TITLE		□ DELFTE	4 1 113 LE	Change Ac	ddition	
NAME			4.2 NAME			
STREET ADURESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		[]] DELETE	5 1 TITLE	☐ Change ☐ Ac	ddition	
NAME	i		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 GI*Y - S* - ZIP			
TITLE		DE LETE	6 1 TiTeF	Change A	ddition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CHY-ST-ZIF			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furtner 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 carty; 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

SIGNATURE:

Chris AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colasuanox 4/30/96 × 954 426 (300)

85

Zip Code