FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **V67580** **(3)**

1. Corporation Name
152 NEIGHBORS SOLID WASTE CORP.

Principal Place of Business	Mailing Address
2541 NW 152 TERRACE **MIAMI FL 33054**	**2541 NW 152 TERRACE** **MIAMI FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1992**	3a. Date of Last Report: **03/09/1994**
4. FEI Number: **65-0358675**	☐ 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
9. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MITCHELL, EUNICE
2541 NW 152ND TERR
MIAMI FL 33054

10. Name and Address of New Registered Agent

61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	FL 65 Zip Code

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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	11 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, EUNICE**	12 NAME	
STREET ADDRESS	**2541 NW 152ND TERR**	13 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	14 CITY ST ZIP	
TITLE	**DV**	21 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, GARY**	22 NAME	
STREET ADDRESS	**2541 NW 152 TERR.**	23 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL 33170**	24 CITY ST ZIP	
TITLE	**DST**	31 TITLE	☐ Change ☐ Addition
NAME	**SUMNER-BAKER, LINDA**	32 NAME	
STREET ADDRESS	**1610 NW 175 TERR.**	33 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL 33169**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(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 changed, or on an attachment with an address.

SIGNATURE: Eunice Mitchell **4/30/95** **681-4461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101767 CP