

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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~~

3. Date Incorporated or Qualified **09/25/1992** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **15140 N.W. 31 AVE** 26 **P.O. Box 906**
Suite, Apt. #, etc Suite, Apt. #, etc
22 City & State 27 City & State
23 **Op2-Locka Florida** 28 **Op2-Locka**
Zip Country Zip Country
24 **33054** 25 Country 29 **33054** 30 **1**

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
81 Name **Eddie Tillman**
82 Street Address (P.O. Box Number is Not Acceptable) **15140 N.W. 31 AVE**
83
84 City **OPA-LOCKA** FL 85 Zip Code **33054**

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 for 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 *[Signature]* DATE **7/18/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, EUNICE	
STREET ADDRESS	2541 NW 152ND TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, GARY	
STREET ADDRESS	2541 NW 152 TERR.	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SUMNER BAKER, LINDA	
STREET ADDRESS	1610 NW 175 TERR.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Eddie Tillman	
13 STREET ADDRESS	15140 N.W. 31 AVE	
14 CITY-ST-ZIP	Op2-Locka Florida 33054	
21 TITLE	DVB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAZELLA M. LARIKSTEN	
23 STREET ADDRESS	15140 NW 31 AVE	
24 CITY-ST-ZIP	OPA-LOCKA, Florida 33054	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *[Signature]* DATE: **7/18/96** DAYTIME PHONE # **688-3409**

CR2E034 (3/96)