

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V71186 (3)

1. Corporation Name
EAGLE SANITATION, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| C/O STEPHEN S. MATHISON 5606 PGA BOULEVARD SUITE 211 PALM BEACH GARDENS FL 33418 | C/O STEPHEN S. MATHISON 5606 PGA BOULEVARD SUITE 211 PALM BEACH GARDENS FL 33418 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/15/1992 | 3a. Date of Last Report 04/24/1995 |
|--|--|

| | |
|-------------------------------------|-------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. <i>Eagle Sanitation, Inc.</i> | 26. <i>Eagle Sanitation, Inc.</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22. <i>301-H Sabal Ridge Circle</i> | 27. <i>301-H Sabal Ridge Circle</i> |
| City & State | City & State |
| 23. <i>Palm Beach Gardens, FL</i> | 28. <i>Palm Beach Gardens, FL</i> |
| Zip | Zip |
| 24. <i>33418</i> | 29. <i>33418</i> |
| Country | Country |
| 25. <i>USA</i> | 30. <i>USA</i> |

| | | |
|--|---|--|
| 4. FET Number 65-0362642 65-0364791 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

MATHISON, STEPHEN S
5606 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |
| 85. 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: _____ (NOTE: Registered Agent signature required when reinstating) Date: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | IOMMETTI, CHESTER | |
| STREET ADDRESS | 5606 PGA BLVD #211 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | QUINN, MATHEW | |
| STREET ADDRESS | 5606 PGA BLVD #211 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | QUINN, MAUREEN | |
| STREET ADDRESS | 5606 PGA BLVD #211 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | <i>301-H Sabal Ridge Circle</i> |
| 1.4 CITY-ST-ZIP | <i>Palm Beach Gardens, FL 33418</i> |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | <i>301-H Sabal Ridge Circle</i> |
| 2.4 CITY-ST-ZIP | <i>Palm Beach Gardens, FL 33418</i> |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | <i>301-H Sabal Ridge Circle</i> |
| 3.4 CITY-ST-ZIP | <i>Palm Beach Gardens, FL 33418</i> |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96
Date

(407) 25-8700
Debbie P. King

CR2E034 (12/95)