

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 440990 (0)
 1. Corporation Name
EAST BAY SANITATION SERVICE, INC.



Principal Place of Business 5006 U.S. HWY 41 SO TAMPA FL 33619 US	Mailing Address 450 E. LAS OLAS BLVD. SUITE 1200 FORT LAUDERDALE FL 33301 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	110 S.E. 6th Street	11/29/1973	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27 20th Floor		59-1498255	
City & State		City & State		Applied For	
23		28 Ft. Lauderdale, FL		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	
24		29 33301	30 USA	\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	10. Name and Address of New Registered Agent	
		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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, HARRIS W.	1.2 NAME	Hudson, Harris W.
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	V	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, PETER	2.2 NAME	Wright, Peter
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	S	3.1 TITLE	V S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	3.2 NAME	Cole, James O.
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE		4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Hyle, Kathleen
STREET ADDRESS		4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: _____ James O. Cole 2/2/98 954-769-7221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0268992

CR2E034 (10/97)