

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90168 016 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **F98000004479**

1. Corporation Name  
**WASTEMASTERS, INC.**



Principal Place of Business 2075A N. POWERLINE RD POMPANO BEACH FL 33069	Mailing Address 2075A N. POWERLINE RD POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2255 GLADE ROAD	26 2255 GLADE ROAD			08/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 200 E	27 200 E			52-1507818	
City & State		City & State		Applied For	
23 BOCA RATON	28 BOCA RATON			Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24 33431	25	29 33431	30	<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 owes the current year Intangible Personal Property Tax.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, HOWARD E ESQ 200 S. BISCAYNE BLVD, SUITE 2500 MIAMI FL 33131-2336				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STERRITT, R.D. JR			1.2 NAME	MICHAEL SMITH		
STREET ADDRESS	10254 MILLER RD			1.3 STREET ADDRESS	1117 Perimeter Center West Ste 500 EAST		
CITY-ST-ZIP	DALLAS TX 75238			1.4 CITY-ST-ZIP	ATLANTA GA 30338		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLIGAN, BRIAN			2.2 NAME			
STREET ADDRESS	60 RIVERSIDE DR #10-D			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10024			2.4 CITY-ST-ZIP			
TITLE	D / S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLSTED, DOUGLAS C			3.2 NAME			
STREET ADDRESS	2824 NW 43RD ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73112			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTCHINSON, WILLIAM L			4.2 NAME			
STREET ADDRESS	4807 W. LOVERS LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75209			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSHE, G. MICHAEL			5.2 NAME			
STREET ADDRESS	10254 MILLER RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75238			5.4 CITY-ST-ZIP			
TITLE	D / C	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLASER, LEON			6.2 NAME			
STREET ADDRESS	3350 AMERICANA TERRACE, S-200			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOISE ID 83706-2506			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, with all other like empowered.

SIGNATURE: Douglas Holsted DOUGLAS HOLSTED 2/11/99 464/888-0158  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)