

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

FILED
Apr 29 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 # P21997 (2)

1. Corporation Name
WHEELABRATOR NORTH BROWARD INC.



Principal Place of Business C/O WHEELABRATOR TECH INC 3003 BUTTERFIELD RD OAK BROOK IL 60521	Mailing Address C/O WHEELABRATOR TECH INC 3003 BUTTERFIELD RD OAK BROOK IL 60521
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1988	
21	26	4. FEI Number 04-3030218		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, JOHN M., JR.	1.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLITCH, LAWRENCE W	2.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WILLIAM H.	3.2 NAME	
STREET ADDRESS	3001 110TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716	3.4 CITY-ST-ZIP	
TITLE	VAST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAK, RICHARD S., JR.	4.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	4.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, JOHN D.	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LORNA	6.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	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.

Carrie L. Cozzi

Carrie L. Cozzi 4/17/98 (630)572-8800

CR2E034 (10/97)