

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

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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000035228 (2)**

1. Corporation Name
GULFCOAST WASTE SERVICE, INC.

Principal Place of Business 200 E LAS OLAS BLVD, STE 1420 FT. LAUDERDALE FL 33301	Mailing Address 200 E LAS OLAS BLVD, STE 1420 FT. LAUDERDALE FL 33301-2248
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2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Ste. 1200 City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 USA		2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste. 1200 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA		3. Date Incorporated or Qualified 05/04/1995	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0577644		Applied For Not Applicable	
		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
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 DP	<input type="checkbox"/> DELETE HUDSON, HARRIS W STREET ADDRESS 200 E LAS OLAS BLVD. SUITE 1420 CITY - ST - ZIP FT. LAUDERDALE FL 33301	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	450 E. Las Olas Blvd. Ste. 1200 Ft. Lauderdale, FL 33301
TITLE V	<input type="checkbox"/> DELETE WRIGHT, PETER STREET ADDRESS 200 E LAS OLAS BLVD. STE 1420 CITY - ST - ZIP FT. LAUDERDALE FL 33301	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VS Richard L. Handley 450 E. Las Olas Blvd Ste. 1200 Ft. Lauderdale, FL 33301
TITLE V	<input type="checkbox"/> DELETE LOVELAND, KJ STREET ADDRESS 200 E LAS OLAS BLVD. STE 1420 CITY - ST - ZIP FT. LAUDERDALE FL 33301	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T Courtland Paddy 450 E. Las Olas Blvd. Ste. 1200 Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Richard L. Handley* **Richard L. Handley** 2/20/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)