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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

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

3. Date Incorporated or Qualified: 05/04/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. Ste. 1200 City & State Ft. Lauderdale, FL Zip 33301 Country USA
2a. Mailing Address: 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. Ste. 1200 City & State Ft. Lauderdale, FL Zip 33301 Country USA

4. FEI Number: 65-0577644 Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	200 E LAS OLAS BLVD. SUITE 1420	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, PETER	
STREET ADDRESS	200 E LAS OLAS BLVD. STE 1420	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOVELAND, KJ	
STREET ADDRESS	200 E LAS OLAS BLVD. STE 1420	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
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	450 E. Las Olas Blvd. Ste. 1200
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard L. Handley
2.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Courtland Paddy
3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
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 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 as an attachment with an address.

SIGNATURE: [Signature] 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)