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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000035228

1. Corporation Name GULFCOAST WASTE SERVICE, INC.

Principal Place of Business 110 SE 6TH ST 20TH FL FT. LAUDERDALE FL 33301 US

Mailing Address 110 SE 6TH ST 20TH FL FT. LAUDERDALE FL 33301 US

2. Principal Place of Business 21 110 S.E. 6th St.

2a. Mailing Address 26 110 S.E. 6th St.

22 Suite, Apt. #, etc 28th FLOOR

27 Suite, Apt. #, etc 28th FLOOR

23 City & State Ft. LAUDERDALE, FL

28 City & State Ft. LAUDERDALE, FL

24 Zip 33301 25 Country US

29 Zip 33301 30 Country US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD. PLANTATION FL 33324

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is here. Enter in Block 12.)

DATE

12. OFFICERS AND DIRECTORS

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include DP HUDSON, HARRIS W; V WRIGHT, PETER; V LOVELAND, KJ; VS COLE, JAMES O; T HYLE, KATHLEEN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include D HARRIS W. HUDSON; P JAMES H. COSMAN; S DAVID A. BARCLAY; T EDWARD A. LANG, III.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID A. BARCLAY SECRETARY

2/17/99 (954) 769-2928