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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000100729

1. Corporation Name SPACE COAST SANITATION, INC.

Principal Place of Business 110 SE 6TH STREET 20TH FLOOR FT LAUDERDALE FL 33301

Mailing Address 110 SE 6TH STREET 20TH FLOOR FT LAUDERDALE FL 33301

2. Principal Place of Business 21 110 S.E. 6th St. 22 28th FLOOR 23 Ft. LAUDERDALE, FL 24 33301 25 US

2a. Mailing Address 26 110 S.E. 6th St. 27 28th FLOOR 28 Ft. LAUDERDALE, FL 29 33301 30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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's grant is required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include HUDSON, HARRIS W., COLE, JAMES O., COSMAN, JAMES H., HYLE, KATHLEEN, and BARCLAY, DAVID A.

Table with 6 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change/Addition. Rows include HARRIS W. HUDSON, JAMES H. COSMAN, DAVID A. BARCLAY, and 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954) 769-2928