

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000079181

1. Corporation Name VILLAGE DISPOSAL SERVICES, INC.

Principal Place of Business 110 S.E. 6TH ST., 20TH FLOOR FT. LAUDERDALE FL 33301

Mailing Address 110 S.E. 6TH ST., 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

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 required for fee change)

DATE

Table with 5 rows for Officers and Directors, including columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors, including columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

Handwritten entries for additions/changes: D HARRIS W. HUDSON, P JAMES H. COSMAN, S DAVID A. BARCLAY, T EDWARD A. LANG, III.

3000002742613-5 03/02/99-01030-006 ****150.00 ****150.00

Handwritten signature/initials

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...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954)769-2928