

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 594555

1. Corporation Name

NORTHWEST FLORIDA SANITATION, INC.

600001840846
-05/28/96--01034--015
***200.00

Principal Place of Business: 200 E. LAS OLAS BLVD. STE. 1400 Fort Lauderdale, FL 33301
Mailing Address: 200 E. LAS OLAS BLVD. #1400 Fort Lauderdale, FL 33301

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
	11/15/91		
4	FEI Number	Applied For	
	59-3095888	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
1200 South Pine Island Rd. #250
Plantation FL 33324

10. Name and Address of New Registered Agent	
B1	Name CT CORPORATION SYSTEM
B2	Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD
B3	
B4	City PLANTATION FL
B5	Zip Code 33324

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]* PETER F. SOUZA 4/29/96
Assistant Secretary

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Peter Wright 4/26/96 954-627-6000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)

Northwest Florida Sanitation, Inc.

<u>OFFICE</u>	<u>NAME</u>
Director	Harris W. Hudson
President	Harris W. Hudson
Vice Presidents	Peter Wright
	Richard L. Handley
	Donald E. Koogler
	Dan Kilburn
Secretary	Richard L. Handley
Assistant Secretaries	Thomas A. Clements
	Courtland Peddy
	Kimberly Riehn
Treasurer	Courtland Peddy
Assistant Treasurers	Michael Carpenter
	Howard Sills
	Kimberly Riehn

Mailing Address for all officers and director: 200 East Las Olas Blvd., Ste. 1400
Fort Lauderdale, Florida 33301