

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

FILED

Feb 21 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 # **S94555** (7)  
1. Corporation Name  
**NORTHWEST FLORIDA SANITATION, INC.**



Principal Place of Business Mailing Address  
**200 E LAS OLAS BLVD, STE 1400**  
**FORT LAUDERDALE FL 33301**  
US

3. Date Incorporated or Qualified **11/15/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **450 E. Las Olas Blvd.** 26 **450 E. Las Olas Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Ste. 1200** 27 **Ste. 1200**  
City & State City & State  
23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**  
Zip Country Zip Country  
24 **33301** 25 **USA** 29 **33301** 30 **USA**

4. FEI Number **59-3095888** 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  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HUDSON, HARRIS W</b> <b>200 E LAS OLAS BLVD, STE. 1400</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WRIGHT, PETER</b> <b>200 E LAS OLAS BLVD, STE. 1400</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HANDLEY, RICHARD L</b> <b>200 E LAS OLAS BLVD, STE. 1400</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CLEMENTS, THOMAS A</b> <b>200 E LAS OLAS BLVD, STE. 1400</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PEDDY, COURTLAND</b> <b>200 E LAS OLAS BLVD, STE. 1400</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>CARPENTER, MICHAEL</b> <b>200 E LAS OLAS BLVD, STE. 1400</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 E. Las Olas Blvd., Ste. 1200</b> <b>Ft. Lauderdale, FL 33301</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 E. Las Olas Blvd., Ste. 1200</b> <b>Ft. Lauderdale, FL 33301</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 E. Las Olas Blvd., Ste. 1200</b> <b>Ft. Lauderdale, FL 33301</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 E. Las Olas Blvd., Ste. 1200</b> <b>Ft. Lauderdale, FL 33301</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 E. Las Olas Blvd., Ste. 1200</b> <b>Ft. Lauderdale, FL 33301</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 E. Las Olas Blvd., Ste. 1200</b> <b>Ft. Lauderdale, FL 33301</b>

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 if changed, or on an attachment with an address.

SIGNATURE: *Richard L. Handley* **SIGNATURE REQUIRED** **Richard L. Handley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954-713-200**

CR2E034 (9/96)