

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

0279113

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S94555

1. Corporation Name
NORTHWEST FLORIDA SANITATION, INC.

Principal Place of Business
**110 SE 6TH ST
20TH FL
FORT LAUDERDALE FL 33301
US**

Mailing Address
**110 SE 6TH ST
20TH FL
FORT LAUDERDALE FL 33301
US**

2. Principal Place of Business
21 **110 S.E. 6th St.,**
Suite, Apt #, etc.
22 **28th FLOOR**
City & State
23 **FT. LAUDERDALE, FL**
Zip Country
24 **33301** 25 **US**

2a. Mailing Address
26 **110 S.E. 6th St.**
Suite, Apt #, etc.
27 **28th FLOOR**
City & State
28 **FT. LAUDERDALE, FL**
Zip Country
29 **33301** 30 **US**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

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 When Not Stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, PETER	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BARCLAY, DAVID A	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	SILLS, HOWARD	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D HARRIS W. HUDSON
13 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR
14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P JAMES H. COSMAN
23 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR
24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S DAVID A. BARCLAY
33 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR
34 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	T EDWARD A. LANG, III
43 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR
44 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1991

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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

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 supplementary 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 a partner, 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

CR2E034 (11/98)