

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

FILED
Apr 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # V57064 (0)
 1. Corporation Name
CONTINENTAL WASTE MANAGEMENT CORPORATION



| | |
|---|---|
| Principal Place of Business 5100 TOWN CENTER CIRCLE SUITE 330 BOCA RATON FL 33486 | Mailing Address 5100 TOWN CENTER CIRCLE SUITE 330 BOCA RATON FL 33486 |
|---|---|

DO NOT WRITE IN THIS SPACE

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/05/1992 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0672422 | |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BUSH, GERALD | |
| STREET ADDRESS | 35 KING'S HWY, EAST | |
| CITY-ST-ZIP | FAIRFIELD CT | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERNSTEIN, ERWIN | |
| STREET ADDRESS | 13 AVE. KRIEG | |
| CITY-ST-ZIP | GENEVA SW | |
| TITLE | RD | <input type="checkbox"/> DELETE |
| NAME | RUDICH, HARVEY | |
| STREET ADDRESS | 6620 WOODBRIDGE DRIVE | |
| CITY-ST-ZIP | PARKLAND FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MOOTERSHEAD, GARY | |
| STREET ADDRESS | 1225 FRANKLIN BLVD. | |
| CITY-ST-ZIP | CAMBRIDGE ON | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, JAMES R. | |
| STREET ADDRESS | 1225 FRANKLIN BLVD. | |
| CITY-ST-ZIP | CAMBRIDGE ON | |
| 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 checked="" type="checkbox"/> Addition |
| 1.2 NAME | D Marquis, Jean-Paul |
| 1.3 STREET ADDRESS | 13 AVE. KRIEG |
| 1.4 CITY-ST-ZIP | GENEVA SW |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ST/ Price, Gene |
| 2.3 STREET ADDRESS | 31116 Mountain View |
| 2.4 CITY-ST-ZIP | Visalia, CA |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | D Rudich, Harvey |
| 3.3 STREET ADDRESS | 6620 Woodbridge Drive |
| 3.4 CITY-ST-ZIP | Parkland FL |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | VP/D Anderson, James R. |
| 5.3 STREET ADDRESS | 1225 Franklin Blvd. |
| 5.4 CITY-ST-ZIP | Cambridge ON |
| 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 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 _____

CR2E034 (10/97)