

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L64522 (0)
1. Corporation Name
CHAMBERS WASTE SYSTEMS OF FLORIDA, INC.

Principal Place of Business Mailing Address
10000 NE 128TH AVE 10700 FRANKSTOWNE RD
OKEECHOBEE FL 34972 PITTSBURGH PA 15235
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/11/1990 04/29/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number Applied For
25-1628636 Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYLE, JON
C/O MOYLE, FLANIGAN, KATZ, ET AL
625 N. FLAGLER DR., 9TH FLOOR
WEST PALM BEACH FL 33408

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME RANGOS, JOHN G., SR.
STREET ADDRESS 10700 FRANKSTOWN RD.
CITY-ST-ZIP PITTSBURGH PA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DST
NAME RANGOS, JOHN G., JR.
STREET ADDRESS 10700 FRANKSTOWN RD.
CITY-ST-ZIP PITTSBURGH PA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV
NAME RANGOS, ALEXANDER W.
STREET ADDRESS 10700 FRANKSTOWN RD.
CITY-ST-ZIP PITTSBURGH PA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title Division Name #