

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L64522 (0)**

1. Corporation Name  
**CHAMBERS WASTE SYSTEMS OF FLORIDA, INC.**



Principal Place of Business: **10800 NE 128TH AVE OKEECHOBEE FL 34972 US**  
Mailing Address: **10700 FRANKSTOWNE RD PITTSBURGH PA 15235 US**

3. Date incorporated or Qualified: **04/11/1990**  
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business: **21**  
22. Suite, Apt. #, etc.: **22**  
23. City & State: **23**  
24. Zip: **24** Country: **25**  
2a. Mailing Address: **26**  
27. Suite, Apt. #, etc.: **27**  
28. City & State: **28**  
29. Zip: **29** Country: **30**

4. FEI Number: **25-1628636**  
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**

**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**

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 \_\_\_\_\_ Date: \_\_\_\_\_ Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>DP</b>	<b>RANGOS, JOHN G., SR. 10700 FRANKSTOWN RD. PITTSBURGH PA</b>	<input checked="" type="checkbox"/> DELETE
TITLE: <b>DST</b>	<b>RANGOS, JOHN G., JR. 10700 FRANKSTOWN RD. PITTSBURGH PA</b>	<input checked="" type="checkbox"/> DELETE
TITLE: <b>DV</b>	<b>RANGOS, ALEXANDER W. 10700 FRANKSTOWN RD. PITTSBURGH PA</b>	<input checked="" type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE

1. TITLE: <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME: <b>WILCOX, CHARLES A.</b>	
3. STREET ADDRESS: <b>5400 LBJ FREEWAY, SUITE 300 TOWER ONE</b>	
4. CITY - ST - ZIP: <b>DALLAS TX 75240</b>	
2.1 TITLE: <b>DVS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: <b>SANFALIS, GREGORY T.</b>	
2.3 STREET ADDRESS: <b>5400 LBJ FREEWAY, SUITE 300 TOWER ONE</b>	
2.4 CITY - ST - ZIP: <b>DALLAS TX 75240</b>	
3.1 TITLE: <b>DVT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: <b>DEFRATES, EARL E.</b>	
3.3 STREET ADDRESS: <b>5400 LBJ FREEWAY, SUITE 300 TOWER ONE</b>	
3.4 CITY - ST - ZIP: <b>DALLAS TX 75240</b>	
4.1 TITLE: <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: <b>BRUCE E. SNYDER</b>	
4.3 STREET ADDRESS: <b>5400 LBJ FREEWAY, SUITE 300, TOWER ONE</b>	
4.4 CITY - ST - ZIP: <b>DALLAS, TX 75240</b>	
5.1 TITLE: <b>ASST SECY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: <b>BRYAN J BLANKFIELD</b>	
5.3 STREET ADDRESS: <b>5400 LBJ FREEWAY, SUITE 300, TOWER ONE</b>	
5.4 CITY - ST - ZIP: <b>DALLAS, TX 75240</b>	
6.1 TITLE: <b>ASST SECY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: <b>KAY F. STOCKLER</b>	
6.3 STREET ADDRESS: <b>5400 LBJ FREEWAY, SUITE 300, TOWER ONE</b>	
6.4 CITY - ST - ZIP: <b>DALLAS, TX 75240</b>	

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, the treasurer 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 attached addendum address.

SIGNATURE: **Kay F. Stockler**  
Assistant Secretary  
7/30/94 214/343-7941

CR2E034 (12/95)