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Mar 17 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 # P95000035228 (2)

1. Corporation Name  
GULFCOAST WASTE SERVICE, INC.



Principal Place of Business: 200 E LAS OLAS BLVD, STE 1420 FT LAUDERDALE FL 33301  
Mailing Address: 200 E LAS OLAS BLVD, STE 1420 FT LAUDERDALE FL 33301-2248

3. Date Incorporated or Qualified: 05/04/1995  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business  
21 450 E. Las Olas Blvd.  
22 Suite, Apt. #, etc. Ste. 1200  
23 City & State Ft. Lauderdale, FL  
24 Zip 33301 25 Country USA

2a. Mailing Address  
26 450 E. Las Olas Blvd.  
27 Suite, Apt. #, etc. Ste. 1200  
28 City & State Ft. Lauderdale, FL  
29 Zip 33301 30 Country USA

4. FEI Number: 65-0577644  
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 RD.  
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	DELETED
DP	HUDSON, HARRIS W	200 E LAS OLAS BLVD. SUITE 1420	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
V	WRIGHT, PETER	200 E LAS OLAS BLVD. STE 1420	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
V	LOVELAND, KJ	200 E LAS OLAS BLVD. STE 1420	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.5
		450 E. Las Olas Blvd. Ste. 1200	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Richard L. Handley	450 E. Las Olas Blvd. Ste. 1200	Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Courtland Paddy	450 E. Las Olas Blvd. Ste. 1200	Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or as an attachment with an address.

SIGNATURE: *Richard L. Handley* DATE: 2/20/97 DAYLINE PHONE #: 954-713-5200

CR2E034 (9/96)