

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

FILED

**Apr 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000931 (2)
1. Corporation Name
COMPACTOR RENTAL SYSTEMS OF DELAWARE, INC.



Principal Place of Business 450 E LAS OLAS BLVD FT LAUDERDALE FL 33301	Mailing Address 450 E LAS OLAS BLVD FT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 S.E. 6th Street Suite, Apt. #, etc. 22 20th Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301		2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301		Country 25 US 30 US		3. Date Incorporated or Qualified 02/20/1997		4. FEI Number APPLIED FOR		Applied For Not Applicable
						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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARRIS W	1.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	2.2 NAME	Cole, James O.
STREET ADDRESS	450 E LAS OLAS BLVD	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, THOMAS W	3.2 NAME	60000247431
STREET ADDRESS	450 E LAS OLAS BLVD	3.3 STREET ADDRESS	-04/01/98--01002--029
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, THOMAS A	4.2 NAME	AS
STREET ADDRESS	450 E LAS OLAS BLVD	4.3 STREET ADDRESS	Bandy, David A.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDDY, COURTLAND	5.2 NAME	Hyle, Kathleen
STREET ADDRESS	450 E LAS OLAS BLVD	5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLS, HOWARD	6.2 NAME	AT
STREET ADDRESS	450 E LAS OLAS BLVD	6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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: _____ James O. Cole 314-108 454-710-7221

CR2E034 (10/97)