

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

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 FEB 25 PM 3:17

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000000931
 1. Corporation Name
COMPACTOR RENTAL SYSTEMS OF DELAWARE, INC.

Principal Place of Business 110 S.E. 6TH STREET 20TH FLOOR FT LAUDERDALE FL 33301	Mailing Address 110 S.E. 6TH STREET 20TH FLOOR FT LAUDERDALE FL 33301
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3. Date Incorporated or Qualified
02/20/1997
4. FEI Number
APPLIED FOR 65-0723614 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 owes the current year Intangible Personal Property Tax. Yes No
10. Name and Address of New Registered Agent

21. Principal Place of Business 110 S.E. 6th St. 22. Suite, Apt. #, etc. 28th Floor 23. City & State Ft. Lauderdale FL 24. Zip 33301 25. Country US	2a. Mailing Address 110 S.E. 6th St. 26. Suite, Apt. #, etc. 28th Floor 27. City & State Ft. Lauderdale FL 28. Zip 33301 29. Country US
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NAME) Registered Agent Signature (if registered with the state) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	110 S. E. 6TH STREET 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES W	
STREET ADDRESS	110 S. E. 6TH STREET 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	110 S. E. 6TH STREET 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BARDAY, DAVIDS A	
STREET ADDRESS	110 S. E. 6TH STREET 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 S. E. 6TH STREET 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	SILLS, HOWARD	
STREET ADDRESS	110 S.E. 6TH STREET 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HARRIS W. HUDSON	
13 STREET ADDRESS	110 S.E. 6th St., 28th Floor	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
21 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAMES H. COSMAN	
23 STREET ADDRESS	110 S.E. 6th St. 28th Floor	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
31 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVID A. BARCLAY	
33 STREET ADDRESS	110 S.E. 6th St. 28th Floor	
34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
41 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	EDWARD A. LANG, III	
43 STREET ADDRESS	110 S.E. 6th St. 28th Floor	
44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 in the attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID A. BARCLAY, SECRETARY

2/17/99 (954) 769-2928
 Daytime Phone #

CR2E034 (1/198)