


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90205 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L64522

1. Corporation Name
OKEECHOBEE LANDFILL, INC.

Principal Place of Business 10800 NE 128TH AVE OKEECHOBEE FL 34972 US	Mailing Address 1001 FANNIN SUITE 4000 HOUSTON TX 77002 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/11/1990	
4. FEI Number 25-1628636	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input 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	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 of 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MATHEWS, MILLER J JR	
STREET ADDRESS	1001 FANNIN, SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SANGALIS, GREGORY T.	
STREET ADDRESS	1001 FANNIN, SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	DEFRATES, EARL E.	
STREET ADDRESS	1001 FANNIN, SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	CAOV	<input type="checkbox"/> DELETE
NAME	SNYDER, BRUCE E.	
STREET ADDRESS	1001 FANNIN, SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BLANKFIELD, BRYAN J.	
STREET ADDRESS	1001 FANNIN, SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	JONES, RONALD H	
STREET ADDRESS	1001 FANNIN, SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Bryan J. Blankfield* **Bryan J. Blankfield** Vice President & Assistant Secretary 4/6/1999 713/512-6200
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)