

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:21

DOCUMENT # **240892** (0)

1. Corporation Name
WASTE TECHNOLOGY CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **425 FLATWOODS RD, P.O. BOX 490237, LEESBURG FL 34749-7237**
Mailing Address: **425 FLATWOODS RD, P.O. BOX 490237, LEESBURG FL 34749-7237**

3. Date Incorporated or Qualified: **10/06/1960**
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
7. This corporation has applied for extension of time under S. 1703.012 Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SAMUEL, ROBERT F 425 FLATWOOD RD. LEESBURG FL 34749		81. Name			
		82. Street Address (P.O. Box Number is Not Accepted)			
		83. City			
		84. City	85. Zip Code	FL	

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 607.0502, Florida Statutes.

SIGNATURE: *Robert F Samuel* **6-26-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 1)	
TITLE	TSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, ROBERT F	2. NAME	
STREET ADDRESS	425 FLATWOODS RD.	3. STREET ADDRESS	
CITY, STATE, ZIP	LEESBURG FL	4. CITY, STATE, ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCHMAN, GEORGE J.	6. NAME	
STREET ADDRESS	7306 GRACE RD	7. STREET ADDRESS	
CITY, STATE, ZIP	ORLANDO FL	8. CITY, STATE, ZIP	
TITLE	PD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELOW, GEORGE P.	10. NAME	
STREET ADDRESS	8910 MOCCASSIN SLOUGH RD.	11. STREET ADDRESS	
CITY, STATE, ZIP	INVERNESS FL	12. CITY, STATE, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY, STATE, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and (when not readily for the registration stated in law) true and accurate and that my signature shall have the same legal effect as if made under oath. 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 1, 2 or 3 of this report if changed or as an attachment with an address.

SIGNATURE: *Robert F Samuel* **ROBERT F SAMUEL** **6-26-95** **904 728 6400**