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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

M. M. 81 1/2 P. O. BOX 229 ISLAMORADA FL 33036



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 319988 ISLAND DISPOSAL CO INC

(2)

Mailing Address

M. M. 81 1/2 P. O. BOX 229 ISLAMORADA FL 33036

## **FILED** Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

22.   Mailing Address   23.   Mailing Address   24.   FEI Number   59-1169470     Not Applicable for Not Applicable   Self-75 Additional Fee Regulated   Self-75 Additional Fee Regulat						08/15/1967			
Suite, Apt. 8, etc.    Street, Apt. 8, etc.   Suite, Apt. 8, etc.   Street, Apt. 8, etc.	2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			A	oplied For	
City & State   City & C	21	26				59-1169470	Ni	ot Applicable	
20   20   20   20   20   20   20   20	Suite, Apt.					5. Certificate of Status Desired			
28	City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
PARKER,NORMAN F.  M. M. 81 1/2  ISLAMORADA FL 3036  11. Pursuant to the provisions of Sections 607 0502 and 607 1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing lis registered agent. I am male and accept the obligations of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing lis registered agent. I am male and accept the obligations of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing lis registered agent. I am male and the provisions of Sections 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing lis registered agent. I am male and the provisions of Section 607 0505, Florida Statutes, the corporation's board of directors. I hereby accept the obligations of the septiminent as registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the provision of the purpose of changing lis registered agent. I am male and the purpose of the purp									
9. Name and Address of Current Registered Agent PARKER, NORMAN F.  M. M. 81 1/2 ISLAMORADA FL 33036  82 Street Address (P.O. Box Number is Not Acceptable)  83   Parker Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  94   City   FL   85   Zip Code  95   Parker Address (P.O. Box Number is Not Acceptable)  96   City   FL   85   Zip Code  97   Parker Address (P.O. Box Number is Not Acceptable)  97   Parker Address (P.O. Box Number is Not Acceptable)  98   City   FL   85   Zip Code  99   City   FL   85   Zip Code  90   City   FL   85   Zip Code  91   City   FL   85   Zip Code  92   City   FL   85   Zip Code  93   City   FL   85   Zip Code  94   City   FL   85   Zip Code  95   City   FL   85   Zip Code  95   City   FL   85   Zip Code  96   City   FL   85   Zip Code  96   City   FL   85   Zip Code  97   City   FL   85   Zip Code  98   City   FL   85   Zip Code  99   City   FL   85   Zip Code  99   City   FL   85   Zip Code  90   City   FL   85   Zip Code		<u>├</u>	Zip	Cou	intry			tangible	
PARKER,NORMAN F.  M. M. 81 1/2 ISLAMORADA FL 33036  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85	24	()		30				No	
M. M. 81 1/2 ISLAMORADA FL 33036    A			t Registered Agent		041 No	10. Name and Address of New Registered	Agent		
ISLAMORADA FL 33036    City   FL   S5   Zip Code					Name			İ	
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 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  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PARKER, NORMAN F  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PARKER, NORMAN F  12. AMME  13. SIREET ADDRESS  CITY-51-2P  SILAMORADA, FL 00000  14. GITY-51-2P  TITLE  DELETE  13. TITLE  DELETE  21. TITLE  Change Addition  SIREET ADDRESS  GITY-51-2P  DELETE  3. TITLE  DELETE  3. SIREET ADDRESS  GITY-51-2P  DELETE  3. SIREET ADDRESS  GITY-51-2P  Change Addition  Addition  ANA  4. SIREET ADDRESS  GITY-51-2P  TITLE  DELETE  5. TITLE  Change Addition  Addition  ANA  4. SIREET ADDRESS  GITY-51-2P  TITLE  DELETE  5. TITLE  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Cha					82 Street Address (P.O. Box Number is Not Acceptable)				
### City   FL   85 Zip Code   ### Zi	151	LAMUHADA FL 33036			02				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Riorida 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 Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Robinson and the supplication.  In the following the provisions of Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registere					63				
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SIGNATURE    Styr Nume, typed or printed name of registrand agent and title if applicable. (NOTE Registered Agent alignature required when reinstating)	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.								
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wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in