

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **381584** (2)

1. Corporation Name
FLORIDA REFUSE SERVICES, INC.

Principal Place of Business

**3340 HWY 92 E
LAKELAND FL 33301
US**

Mailing Address

**200 E. LAS OLAS BLVD
SUITE 1420
FORT LAUDERDALE FL 33301-2248**



3. Date Incorporated or Qualified
05/04/1971

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 450 E. Las Olas Blvd.	59-1350120	Not Applicable
22 City & State	27 Ste. 1200	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Ft. Lauderdale, FL	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 33301	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DP
NAME	HUDSON, HARRIS W	1.2 NAME	450 G. LAS OLAS BLVD. Ste. 1200
STREET ADDRESS	200 E. LAS OLAS BLVD., #1420	1.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP	LAKELAND FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V	2.1 TITLE	V
NAME	KILBURN,	2.2 NAME	Dan Kilburn
STREET ADDRESS	200 E. LAS OLAS BLVD., #1420	2.3 STREET ADDRESS	450 G. LAS OLAS BLVD. Ste. 1200
CITY-ST-ZIP	LAKELAND FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V	3.1 TITLE	V
NAME	WRIGHT, PETER	3.2 NAME	450 G. LAS OLAS BLVD. Ste. 1200
STREET ADDRESS	200 E. LAS OLAS BLVD., #1420	3.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP	LAKELAND FL 33301	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		4.1 TITLE	VS
NAME		4.2 NAME	Richard C. Handley
STREET ADDRESS		4.3 STREET ADDRESS	450 G. LAS OLAS BLVD. Ste. 1200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Richard C. Handley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Handley 2/6/97
Date

954-713-5200
Daytime Phone #

CR2E034 (9/96)