

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

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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
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3. Date Incorporated or Qualified 05/04/1971	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste. 1200 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA
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4. FEI Number 59-1350120	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	200 E. LAS OLAS BLVD., #1420	
CITY-ST-ZIP	LAKELAND FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KILBURN,	
STREET ADDRESS	200 E. LAS OLAS BLVD., #1420	
CITY-ST-ZIP	LAKELAND FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, PETER	
STREET ADDRESS	200 E. LAS OLAS BLVD., #1420	
CITY-ST-ZIP	LAKELAND FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	450 G. LAS OLAS BLVD. Ste. 1200	
1.3 STREET ADDRESS	Ft. Lauderdale, FL 33301	
1.4 CITY-ST-ZIP	FL 33301	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dan Kilburn	
2.3 STREET ADDRESS	450 G. LAS OLAS BLVD. Ste. 1200	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	450 G. LAS OLAS BLVD. Ste. 1200	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard C. Handley	
4.3 STREET ADDRESS	450 G. LAS OLAS BLVD. Ste. 1200	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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 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: *[Signature]* **Richard C. Handley** 2/20/97 954-713-5200

CR2E034 (9/96)