

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # 381584 (2)
 1. Corporation Name
FLORIDA REFUSE SERVICES, INC.



Principal Place of Business Mailing Address
3340 HWY 92 E **450 E LAS OLAS BLVD**
LAKELAND FL 33301 **SUITE 1200**
US **FORT LAUDERDALE FL 33301**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1971

4. FEI Number **59-1350120** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **110 S.E. 6th Street**
22 City & State **27** **20th Floor**
23 **Fort Lauderdale, FL**
24 Zip **25** Country **29** **33301** **30** **US**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARRIS W	1.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBURN, DAN	2.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PETER	3.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L.	4.2 NAME	VS
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	4.3 STREET ADDRESS	Cole, James O.
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	Barclay, David A.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T
STREET ADDRESS		6.3 STREET ADDRESS	Hyle, Kathleen
CITY-ST-ZIP		6.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor

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.

SIGNATURE: _____ DATE: **3/16/98** **James O Cole 954-769-7221**

CR2E034 (10/97)