

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

FILED

**Mar 17 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 646976 (1)
1. Corporation Name
ALL SERVICE REFUSE COMPANY, INC.



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| Principal Place of Business 825 M/W/ 31ST AVE. FT LAUDERDALE FL 33311 US | Mailing Address 450 E. LAS OLAS BLVD. SUITE 1200 FORT LAUDERDALE FL 33301-2246 |
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| 3. Date Incorporated or Qualified 11/07/1979 | 3a. Date of Last Report 05/01/1996 |
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|---|--|---|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 450 E. Las Olas Blvd. | 4. FEI Number 59-1956352 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 Ste. 1200 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 Ft. Lauderdale, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 USA | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|-----------|--|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|--|--|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE PO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HUDSON, HARRIS W. | | 1.2 NAME Harris W. Hudson | |
| STREET ADDRESS 200 E LAS OLAS BLVD 1420 | | 1.3 STREET ADDRESS 450 G. Las Olas Blvd. Ste. 1200 | |
| CITY - ST - ZIP FT LAUDERDALE FL | | 1.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301 | |
| TITLE V | <input type="checkbox"/> DELETE | 2.1 TITLE V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WRIGHT, PETER W. | | 2.2 NAME Peter W. Wright | |
| STREET ADDRESS 200 E LAS OLAS BLVD 1420 | | 2.3 STREET ADDRESS 450 G. LAS OLAS Blvd. Ste. 1200 | |
| CITY - ST - ZIP FT. LAUDERDALE FL | | 2.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301 | |
| TITLE V | <input type="checkbox"/> DELETE | 3.1 TITLE SV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME FEELEY, JAMES JR. | | 3.2 NAME Richard L. Handley | |
| STREET ADDRESS 825 NW 31 STREET | | 3.3 STREET ADDRESS 450 G. Las Olas Blvd. Ste. 1200 | |
| CITY - ST - ZIP FT LAUDERDALE FL | | 3.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301 | |
| TITLE V | <input type="checkbox"/> DELETE | 4.1 TITLE T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME CARTER, HAROLD B. | | 4.2 NAME Courtland Peddy | |
| STREET ADDRESS 825 NW 31 STREET | | 4.3 STREET ADDRESS 450 E. LAS OLAS Blvd. Ste. 1200 | |
| CITY - ST - ZIP FT LAUDERDALE FL | | 4.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301 | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* Richard L. Handley Date: 3/20/97 Daytime Phone #: 954-713-5200

CR2E034 (9/96)