

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 11/07/1979 | 4. FEI Number 59-1956352 | Applied For <input type="checkbox"/> Not Applicable |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Fort Lauderdale FL Zip 29 33301 Country 30 US |
|--|---|

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

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HUDSON, HARRIS W. | |
| STREET ADDRESS | 450 E LAS OLAS BLVD., SUITE 1200 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | WRIGHT, PETER W. | |
| STREET ADDRESS | 450 E LAS OLAS BLVD., SUITE 1200 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | FEELEY, JAMES JR. | |
| STREET ADDRESS | 825 NW 31 STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | CARTER, HAROLD B. | |
| STREET ADDRESS | 825 NW 31 STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | SV | <input checked="" type="checkbox"/> DELETE |
| NAME | HANDLEY, RICHARD L. | |
| STREET ADDRESS | 450 E LAS OLAS BLVD., SUITE 1200 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | PEDDY, COURTLAND | |
| STREET ADDRESS | 450 E LAS OLAS BLVD., SUITE 1200 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Hudson, Harris W. | |
| 1.3 STREET ADDRESS | 110 S.E. 6th Street, 20th Floor | |
| 1.4 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| 2.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Wright, Peter | |
| 2.3 STREET ADDRESS | 110 S.E. 6th Street, 20th Floor | |
| 2.4 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Carter, Harold B. | |
| 4.3 STREET ADDRESS | 110 S.E. 6th Street, 20th Floor | |
| 4.4 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| 5.1 TITLE | VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Cole, James O. | |
| 5.3 STREET ADDRESS | 110 S.E. 6th Street, 20th Floor | |
| 5.4 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| 6.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Hyle, Kathleen | |
| 6.3 STREET ADDRESS | 110 S.E. 6th Street, 20th Floor | |
| 6.4 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |

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:  **James O. Cole** 2/2/98 954-769-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0266976

CR2E034 (10/97)