

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

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005011 (0)**

1. Corporation Name

**CITY ENVIRONMENTAL SERVICES LANDFILL, INC. OF PANAMA CITY**

Principal Place of Business

**3910 EAST AVON ROAD  
PANAMA CITY FL 32404  
US**

Mailing Address

**3400 EAST LAFAYETTE  
DETROIT MI 48207-4962**



<b>2. Principal Place of Business</b> 21 State, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>10/16/1995</b>	<b>3a. Date of Last Report</b> <b>04/24/1996</b>
				<b>4. FEI Number</b> <b>38-3261426</b>	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME LEVIN, YALE STREET ADDRESS 3400 EAST LAFAYETTE CITY- ST- ZIP DETROIT MI 48207	<input type="checkbox"/> DELETE	1.1 TITLE D/EV 1.2 NAME Levin, Yale 1.3 STREET ADDRESS 3400 East Lafayette 1.4 CITY- ST- ZIP Detroit, MI 48207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME SAPUTO, PETER C STREET ADDRESS 3400 EAST LAFAYETTE CITY- ST- ZIP DETROIT MI 48207	<input type="checkbox"/> DELETE	2.1 TITLE D/P 2.2 NAME Saputo, Peter C. 2.3 STREET ADDRESS 3400 East Lafayette 2.4 CITY- ST- ZIP Detroit, MI 48207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PIESKO, MICHAEL L STREET ADDRESS 3400 EAST LAFAYETTE CITY- ST- ZIP DETROIT MI 48207	<input type="checkbox"/> DELETE	3.1 TITLE V/T 3.2 NAME Piesko, Michael L. 3.3 STREET ADDRESS 3400 East Lafayette 3.4 CITY- ST- ZIP Detroit, MI 48207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MCCANN, KATHLEEN B STREET ADDRESS 3400 EAST LAFAYETTE CITY- ST- ZIP DETROIT MI 48207	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MANCZAK, RICHARD P STREET ADDRESS 3400 EAST LAFAYETTE CITY- ST- ZIP DETROIT MI 48207	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME JOHNSON, SUSAN L STREET ADDRESS 3400 EAST LAFAYETTE CITY- ST- ZIP DETROIT MI 48207	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 P. Manczak** 4/22/97 313/567-4700

CR2E034 (9/96)