

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Oct 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000005011 (0)**  
1. Corporation Name

**CITY ENVIRONMENTAL SERVICES LANDFILL, INC. OF PA  
NAMA CITY**

Principal Place of Business  
**3910 EAST AVON ROAD  
PANAMA CITY FL 32404  
US**

Mailing Address  
**3400 EAST LAFAYETTE  
DETROIT MI 48207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1995</b>	
21	Suite, Apt. #, etc.	26	<b>1001 Fannin</b>	4. FEI Number <b>38-3261426</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	<b>4000</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	<b>Houston Tx</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	<b>77002</b>	30	<b>USA</b>

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

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:

*[Signature]*

10/9/98

713/512-6200

CR2E034 (5/98)

OFFICERS	OFFICE	ADDRESS
Miller J. Mathews, Jr.	President	1001 Fannin, Suite 4000 Houston, Texas
Earl E. DeFrates	Executive Vice President Chief Financial Officer	1001 Fannin, Suite 4000 Houston, Texas
Gregory T. Sangalis	Senior Vice President Secretary Sole Director	1001 Fannin, Suite 4000 Houston, Texas
Bruce E. Snyder	Vice President Chief Accounting Officer Assistant Secretary	1001 Fannin, Suite 4000 Houston, Texas
Ronald H. Jones	Vice President Treasurer	1001 Fannin, Suite 4000 Houston, Texas
Bryan J. Blankfield	Vice President Assistant Secretary	1001 Fannin, Suite 4000 Houston, Texas
Jeffrey A. Draper	Vice President Assistant Treasurer	1001 Fannin, Suite 4000 Houston, Texas
Lee A. McCormick	Assistant Treasurer	