


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90168 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F98000004479

1. Corporation Name
WASTEMASTERS, INC.

Principal Place of Business 2075A N. POWERLINE RD POMPANO BEACH FL 33069	Mailing Address 2075A N. POWERLINE RD POMPANO BEACH FL 33069
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2255 GLADE ROAD	2a. Mailing Address 26 2255 GLADE ROAD
Suite, Apt. #, etc. 22 200 E	Suite, Apt. #, etc. 27 200 E
City & State 23 BOCA RATON	City & State 28 BOCA RATON
Zip Country 24 33431 25	Zip Country 29 33431 30

3. Date Incorporated or Qualified 08/06/1998	
4. FEI Number 52-1507818	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NELSON, HOWARD E ESQ
200 S. BISCAYNE BLVD, SUITE 2500
MIAMI FL 33131-2336

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 _____ 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	CP	<input checked="" type="checkbox"/> DELETE
NAME	STERRITT, R.D. JR	
STREET ADDRESS	10254 MILLER RD	
CITY-ST-ZIP	DALLAS TX 75238	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLIGAN, BRIAN	
STREET ADDRESS	60 RIVERSIDE DR #10-D	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D / S	<input type="checkbox"/> DELETE
NAME	HOLSTED, DOUGLAS C	
STREET ADDRESS	2824 NW 43RD ST	
CITY-ST-ZIP	OKLAHOMA CITY OK 73112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINSON, WILLIAM L	
STREET ADDRESS	4807 W. LOVERS LANE	
CITY-ST-ZIP	DALLAS TX 75209	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAWSHE, G. MICHAEL	
STREET ADDRESS	10254 MILLER RD	
CITY-ST-ZIP	DALLAS TX 75238	
TITLE	D / C	<input type="checkbox"/> DELETE
NAME	BLASER, LEON	
STREET ADDRESS	3350 AMERICANA TERRACE, S-200	
CITY-ST-ZIP	BOISE ID 83706-2506	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL SMITH	
1.3 STREET ADDRESS	1117 Perimeter Center West Ste 500 EAST	
1.4 CITY-ST-ZIP	ATLANTA GA 30338	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Douglas Holsted* **DOUGLAS HOLSTED** 2/11/99 464/888-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)