

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G38941** (2)  
1. Corporation Name  
**DISPOSALL, INC.**

Principal Place of Business	Mailing Address
P.O. BOX 4445 WINTER PARK FL 32783	P.O. BOX 4445 WINTER PARK FL 32783-4445

3. Date Incorporated or Qualified <b>05/18/1983</b>		3a. Date of Last Report <b>04/23/1996</b>	
4. FEI Number <b>59-2536621</b>		<input type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent	
HICKS, HENRY W., ESQ. 2516 W. KENNEDY BLVD. TAMPA FL 33609	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Register)	Agent's signature required when reinstating)		DATE	
<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>				
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CALABRESE, EUGENE			1.2 NAME				
STREET ADDRESS	3970 IRMA SHORES DRIVE			1.3 STREET ADDRESS				
CITY - ST - ZIP	ORLANDO FL			1.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS				
CITY - ST - ZIP				2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY - ST - ZIP				3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
CITY - ST - ZIP				4.4 CITY - ST - ZIP				
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 appear in Block 12 or Block 13 if changed, or on an attachment with an address; and that my name is not on the list of persons who are prohibited from filing reports under Chapter 607, Florida Statutes; and that my name

SIGNATURE: Engelbert DE 10/10/00 D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)