

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H31008 (6)

1. Corporation Name
SOUTH BROWARD COUNTY RESOURCE RECOVERY PROJECT,
INC.

Principal Place of Business
C/O WHEELABRATOR TECH INC.
3003 BUTTERFIELD RD
OAK BROOK IL 60521

Mailing Address
C/O WHEELABRATOR TECH INC.
3003 BUTTERFIELD RD
OAK BROOK IL 60521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 02-0442118	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, JOHN M., JR.	1.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLITCH, LAWRENCE W	2.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	2.4 CITY-ST-ZIP	
TITLE	VAT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, RICHARD S.JR.	3.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON NH	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LORNA	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, JOHN D.	5.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLITCH, LAWRENCE W	6.2 NAME	
STREET ADDRESS	4 LIBERTY LANE W	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON, NH.	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

Carrie L. Cozzi 4/17/98 (630)572-8800

CR2E034 (10/97)