

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 # **H31023** (5)
1. Corporation Name
NORTH BROWARD COUNTY RESOURCE RECOVERY PROJECT, INC.



Principal Place of Business C/O WHEELABRATOR TECHNOLOGIES, INC. 3003 BUTTERFIELD RD OAK BROOK IL 60521	Mailing Address C/O WHEELABRATOR TECHNOLOGIES, INC. 3003 BUTTERFIELD RD OAK BROOK IL 60521
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1984	
21		26		4. FEI Number 02-0442154	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	<input type="checkbox"/> DELETE		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	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, BRUNO R			2.2 NAME			
STREET ADDRESS	4 LIBERTY LANE W			2.3 STREET ADDRESS			
CITY-ST-ZIP	HAMPTON, NH.			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAGALIS, ROBERT J			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	<input type="checkbox"/> DELETE		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	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANFORD, JOHN D.			5.2 NAME	Carrie L. Cozzi		
STREET ADDRESS	3003 BUTTERFIELD RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK IL			5.4 CITY-ST-ZIP			
TITLE	VDS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLUTCH, 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

Sandra L. Cozzi

4/17/98

(630) 573-8800

CR2E034 (10/97)