

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J68569 (9)
1. Corporation Name
MAGNUM ENVIRONMENTAL SERVICES, INC.

Principal Place of Business
1280 NE 48 STREET
POMPANO BEACH FL 33064

Mailing Address
1280 NE 48 STREET
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2819155	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DIMARIA, ALBERT 1280 N.E. 48TH STREET POMPANO BEACH FL 33064				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	VD	1.1 TITLE	EVP-D
NAME	RAMOS, OSIRIS	1.2 NAME	
STREET ADDRESS	5945 SE GENERAL LEE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	DIMARIA, ALBERT	2.2 NAME	
STREET ADDRESS	740 NE 28 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	PTD	3.1 TITLE	
NAME	FREDERICO, JAMES	3.2 NAME	
STREET ADDRESS	3779 NW 52ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	WILLIAMS, DENNIS	4.2 NAME	
STREET ADDRESS	6820 NW 75 CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	SECRETARY
NAME	GREGG WIEDRICH	5.2 NAME	PENNY FULTON
STREET ADDRESS	1280 NE 48TH ST	5.3 STREET ADDRESS	1280 NE 48TH ST.
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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]* JAMES FREDERICO 4/22/98 954-785-2320

CR2E034 (10/97)