

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

**FILED**

**Mar 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
--	---	---

**DOCUMENT # K51773 (5)**

1. Corporation Name  
**SUNBURST SANITATION CORPORATION**



Principal Place of Business <b>786 PIKE RD WEST PALM BEACH FL 33411 US</b>	Mailing Address <b>REPUBLIC INDUSTRIES, ATN: TERI M. TRIMMER 200 EAST LAS OLAS BLVD., STE-1400 FT. LAUDERDALE FL 33301-2246 US</b>
---	---

3. Date Incorporated or Qualified <b>12/16/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business <b>21</b> Suite, Apt #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> 450 E. Las Olas Blvd. <b>27</b> Suite, Apt #, etc. <b>28</b> Ste. 1200 <b>29</b> City & State <b>30</b> Ft. Lauderdale, FL Zip Country <b>33301 USA</b>
--	--

4. FEI Number <b>65-0088284</b>	Applied For 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 checked="" 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W.	
STREET ADDRESS	529 BONTONA AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, PETER W.	
STREET ADDRESS	200 E LAS OLAS BLVD 1420	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GREENWAY, LARRY L.	
STREET ADDRESS	786 PIKE RD.	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard C. Handley	
1.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Courthand Reddy	
2.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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 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 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: *Larry L. Greenway* *Richard C. Handley* 2/6/97 954-713-5208

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

CR2E034 (9/96)