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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K57545

(1)

DONY

TURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. GOLD	BERG ASSOCIATES, INC	,	• •								
Principal Place of Business Mailing Address								E ER BENDIN DAN DINNE ERODA DANS DERSE D	iii Didii Difik	816H 816H 816H	41611 IVII
14912 BALSA W TAMPA FL 3361			14912 BALSA WOOD PLACE TAMPA FL 33613-1502								
							3	 Date Incorporated or Qualifie 01/11/1989 		Date of Last F 122/1996	Report
2. Principal P	lace of Business	2a, Mai	ling Address				4	4. FEI Number	I		pplied For
21		26						22-5361883		N	ot Applicable
Suite, Apt	#, etc.	├ ──┐	Suite, Apt. #, etc.				5	5. Certificate of Status Desired			Additional
City & State		27 Cdu	& State	***************************************							equired
23	Q.	28	a once				•	 Election Campaign Financing Trust Fund Contribution 	П		May Be to Fees
Zip	Country	Zip		Col	intry		-	This corporation has liability for the state of the			
24	25	29		30	•			Florida Statutes	Yes		. 100.000,
	g. Name and Address of Curi	ent Registered	i Agent				10	0. Name and Address of New	Registered	Agent	
GAS	SMAN, ALAN S.				81	Name					
	COURT ST				82	Street A	ddress	(P.O. Box Number is Not Accep	table)		
SUIT											
CLEA	ARWATER FL 34616				83						
					84	City			FI	85 Zip	Code
44 Purcuant	to the provisions of Sections 607.0	502 and 607 16	ing Florida Stati	ites the a	bove	-named c	corporat	tion submite this statement for th		et changing i	ite renistered
office or r agent. La	to the provisions of Sections 607 0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida S ligations of Sec	uch change was clion 607.0505, F	authorize Iorida Sta	d by tutes	the corpo	oration's	s board of directors. I hereby ac-	cept the ap	pointment as	registered
SIGNATURE	Signature typed or proted name of registered	agont was title dispel	waste INC	If Renewar	d Ana	ni signat re A	enuired wh	nen reinslating)	DATÉ		·····
12.		AND DIRECTOR		13.	- Igu	in organization of	oqui oq wii	ADDITIONS/CHANGES TO OF		D DIRECTOR	3S IN 12
TITLE	D		☐ D£LETE	1.1 T	ITLE			***************************************		Change	Addition
NAME	BALLANCE, SUNY B.			1.2 N	AME]					,
STREET ADDRESS	14912 BALSA WOOD PLACE			1.3 S	TAEET.	address [
CITY+ST-ZIP	TAMPA FL				1TY-5	T-ZIP					
TITLE			☐ DELETE	2.1 T						Change	Addition
NAME				2.2 N							
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP TITLE			DELETE	2 4 C	CITY - S	IT-ZIP		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				32 N						C Outside	
STREET ADDRESS				4		ADDRESS					
CITY-ST-ZIP					CITY-S						
TITLE			DELETE	4.1 7						Change	Addition
NAME				4.21	MAME	ļ					
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 0	ITY-S	T-ZIP			·		
TITLE			DELETE	5.1 T	ITLE	ļ				L Change	Addition
NAME				5.2 N]					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TH'LE			DELETE	5.4 C	ITY-SI	I-ZIP				Change	Addition
NAME			_ DECEME	6.2 N						Land Critical Sec	La Addition
STREET ADDRESS						ADORESS					
CITY-ST-ZIP					ITY-S	1					
14. I do herel	by certify that the information supp	hed with this file	ng does not qua	lify for the	exe	mption sta	ated in S	Section 119.07(3)(i), Florida Stat	utes. I furth	er certify that	t the
informatic t am an o appears i	on indicated on this annual report of fficer or director of the corporation in Block 12 or Block 13 if changed	or supplemental or the receiver , or on an atlac	or trustee empo higent with an ac	wered to ddress.	exec	ute this re	port as	signature shall have the same is required by Chapter 607, Florid	a Statutes:	and that my	name
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FILED

Jan 23 1997 8:00am

Secretary of State