

AMENDED
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 10 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 # K 60104 (Amended)

1. Corporation Name

Sebring Landfill, Inc.

Principal Place of Business
250 Royal Palm Way, #300
Palm Beach, FL 33480

Mailing Address
250 Royal Palm Way, #300
Palm Beach, FL 33480

AMENDED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1-23-89

2. Principal Place of Business 21 2075 A N. Powerline Rd. Suite Apt #, etc	2a. Mailing Address 26 2075 A N. Powerline Rd. Suite Apt #, etc	4. FEI Number 65-0096014 Applied For Not Applicable
22 City & State 23 Pompano Beach, FL Zip Country 24 33069 25	27 City & State 28 Pompano Beach, FL Zip Country 29 33069 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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

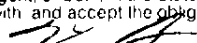
Angell Corporate Services, Inc.
250 Royal Palm Way, #300
Palm Beach, FL 33480

10. Name and Address of New Registered Agent

81 Name Howard E. Nelson, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2500 First Union Financial Center
83 200 S. Biscayne Boulevard
84 City Miami FL 85 Zip Code 33131

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


Howard E. Nelson

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPD <input checked="" type="checkbox"/> DELETE	11 TITLE	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Alec Rigby	12 NAME	R.D. Sterritt, Jr.
STREET ADDRESS	1720 S. Ocean Blvd.	13 STREET ADDRESS	10254 Miller Road
CITY-ST-ZIP	Manalapan, FL 33462	14 CITY-ST-ZIP	Dallas, Tx 75238
TITLE	<input type="checkbox"/> DELETE	21 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Edward Roush, Jr.
STREET ADDRESS		23 STREET ADDRESS	10254 Miller Road
CITY-ST-ZIP		24 CITY-ST-ZIP	Dallas, Tx 75238
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	800002615268
STREET ADDRESS		63 STREET ADDRESS	-08/13/98--01084--031
CITY-ST-ZIP		64 CITY-ST-ZIP	***61.25

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:



8-5-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Sheet #

CRP Form 15-98a