File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 98 APR 10 PM 11:23 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE MELAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000619** 1a. Principal Place of Business Address POMPANO TRANSFER AND RECYCLING, L.C. 1951 NO POWERLINE ROAD 1951 NO POWERLINE ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Malling Address 2075 A N. Powelline Rd. 05/30/1996 FLSulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0669227 Not Applicable Berch 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 04/17/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name PASCALE, JOHN Street Address (P.O. Box Number is Not Acceptable) 1951 NO POWERLINE ROAD **2075**A Suite, Apt. #, etc. Rowerline Rd POMPANO BEACH FL 33069 Zip Code City Pompan 33069 Deach 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE . (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PASCALE, JOHN 1951 NO POWERLINE ROAD POMPANO BEACH FL MGR PASCALE, CRAIG 1951 NO POWERLINE ROAD POMPANO BEACH FL 000002488220---04/14/98--01062--003 \*\*\*\*188.75 \*\*\*\*188.79 APR 1 3 1998

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

IAZUHE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/23/28