

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 17 AM 8:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L96000001174
PALM COAST CARTING AND RECYCLING, L.C. 1000 E. ATLANTIC BLVD., SUITE 205-H POMPANO BEACH FL 33060	

1a. Principal Place of Business Address
1000 E. ATLANTIC BLVD., SUITE POMPANO BEACH FL 33060

2. Principal Place of Business SAME		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
11/05/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
#65-0704177	
5. Date of Last Report	6. Certificate of Status Desired
N/A	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
PASCALE, JOHN 1000 E. ATLANTIC BLVD., SUITE 205-H POMPANO BEACH FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL

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 _____ DATE _____
(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	1000 E. ATLANTIC BLVD., SU	POMPANO BEACH FL
MGR	PASCALE, CRAIG	1000 E. ATLANTIC BLVD., SU	POMPANO BEACH FL

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****203.75 ****203.75

Handwritten: KSP 4/21/97

11. 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 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: *[Signature]* **7/24/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #