

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

**FILED**  
**Feb 18 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 # M52476 (2)**  
 1. Corporation Name  
**WASTE COLLECTION SERVICES CORPORATION**



Principal Place of Business: 12300 44TH STR NO CLEARWATER FL 34622 US  
 Mailing Address: 450 E LAS OLAS BLVD SUITE 1200 FT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1987  
 4. FEI Number: 59-2803240  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 110 S.E. 6th Street 27 Suite, Apt. #, etc. 28 20th Floor 29 City & State 30 Fort Lauderdale, FL 31 Zip 32 33301 33 Country 34 US

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W.	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, PETER N	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KILBURN, H. DAN	
STREET ADDRESS	3340 HIGHWAY 92 DAST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L.	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hudson, Harris W.	
1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wright, Peter N	
2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kilburn, H. Dan	
3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cole, James O.	
4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hyle, Kathleen	
5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Barclay, David A.	
6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	

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, changed, or on an attachment with an address

SIGNATURE: James O. Cole 2/2/98 954-769-7221

CR2E034 (10/97)