

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52476

1. Corporation Name
WASTE COLLECTION SERVICES CORPORATION

Principal Place of Business

12300 44TH STR NO
CLEARWATER FL 34622
US

Mailing Address

110 SE 6TH ST
20TH FLOOR
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

2a. Mailing Address

21 110 S.E. 6th St.
Suite, Apt #, etc
22 28th FLOOR
City & State
23 Ft. LAUDERDALE, FL
Zip Country
24 33301 25 US

26 110 S.E. 6th St.
Suite, Apt #, etc
27 28th FLOOR
City & State
28 Ft. LAUDERDALE, FL
Zip Country
29 33301 30 US

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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

Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W.	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, PETER N	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KILBURN, H. DAN	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	LAKELAND FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BARCLAY, DAVIA A	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D HARRIS W. HUDSON	
13 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR	
14 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P JAMES H. COSMAN	
23 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR	
24 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S DAVID A. BARCLAY	
33 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR	
34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	T Edward A. LANG, III	
43 STREET ADDRESS	110 S.E. 6th St., 28th FLOOR	
44 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

05/13/99 11:00:17

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1987

4. FEI Number
59-2803240

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

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 in an attachment with an address, with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954) 769-2928

0200739

CR2E034 (1/1/98)