

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

FILED

**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031489 (6)

1. Corporation Name
EL CHEAPO WASTE REMOVAL, INC.



Principal Place of Business
**7310 W. MCNAB RD.
SUITE 206
TAMARAC FL 33321
US**

Mailing Address
**7310 W. MCNAB RD.
SUITE 206
TAMARAC FL 33321-5332
US**

3. Date Incorporated or Qualified **04/29/1993** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2b. Mailing Address
26 **90 Paul Chalet, CPA**
27 Suite, Apt #, etc.
27 **2400 W. Cypress Creek Rd #100**
28 City & State
28 **FL Lauderdale, FL**
29 Zip Country
29 **33309** 30

4. FEI Number **65-0409665** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**TALLEY, ETHEL
8208 WATERFORD LANE
8208 WATERFORD LANE
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **PAUL CHALET, CPA**
82 Street Address (P.O. box Number is Not Acceptable)
83 **2400 W. Cypress Creek Rd #100**
84 City **FL Lauderdale FL** 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0602 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, Section 607.0505, Florida Statutes.

SIGNATURE *Paul Chalet* 1/27/97 1-27-97
Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	TALLEY, ETHEL
STREET ADDRESS	8208 WATERFORD LANE
CITY-ST-ZIP	TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P, U, P, T, S
2.3 STREET ADDRESS	James Talley
2.4 CITY-ST-ZIP	8208 Waterford Lane
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment to an address.

SIGNATURE: *James Talley* 1-27-97 954-772-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)