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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

954,772-2580

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031489 (6)

EL CHEAPO WASTE REMOVAL, INC.

appears in Block 12 or Block 13 if ch

SIGNATURE AND

SIGNATURE:

Principal Place of Business Mailing Address 7310 W. MÇNAB RD. 7310 W. MCNAB RD. SUTIE 208 SUITE 206 TAMARAC FL 33321 TAMARAC FL 33321-5332 Uŝ 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1993 08/12/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Go Paul 65-0409665 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2400 W. Cypress Creek Rd \$ 100 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \text{No}\) No ३३०९ 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TALLEY, ETHEL CHAIRT CRA 8208 WATERFORD LANE 82 ተሳ (P.O. dox Number is 8208 WATERFORD LANE 83 TAMARÁC FL\33321 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 opporation's poard of directors. I hereby accept the appointment as registered agent. I am facilities and accept the appointment as registered agent. 1/27/97 SIGNATURE type)) or printed name of registered agent and the diapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition TALLY, ETHEL NAME 1.2 NAME 8208 WATERFORD LANE STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TillE P. UP. T.S 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-7F TITLE ☐ DELETE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change ☐ DELETE Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information symplied 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name