

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026797 (7)

1. Corporation Name

ENVIRONMENTAL WASTE SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~2455 E SUNRISE BLVD~~
~~PENTHOUSE WEST~~
~~FT LAUDERDALE FL 33304~~

~~2455 E SUNRISE BLVD~~
~~PENTHOUSE WEST~~
~~FT LAUDERDALE FL 33304~~

2. Principal Place of Business

2a. Mailing Address

21 4300 Ravenswood Road
Suite, Apt. #, etc.

26 Post Office Box 4817
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Laud., FL.

28 Miramar, FL.

24 Zip Country

29 Zip Country

33312 Broward

33083-4817 Broward

9. Name and Address of Current Registered Agent

MORRALL, MATTHEW E
2455 E SUNRISE BLVD
PENTHOUSE WEST
FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

4. FEI Number

65-0576037

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

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 607.1508, 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

Matthew E. Morrall
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: CASAGRANDE, CARL
STREET ADDRESS: 1737 NW 126 DR
CITY-ST-ZIP: CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME: CASAGRANDE, AL
STREET ADDRESS: 953 HILLSBORO MILE
CITY-ST-ZIP: HILLSBORO BEACH FL 33062

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Al Casagrande
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

954-797-4944

Date

Daytime Phone #

CR2E034 (12/95)