

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

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FILED

Jan 23 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 # P95000026797 (7)

1. Corporation Name:
ENVIRONMENTAL WASTE SYSTEMS, INC.



Principal Place of Business
4300 RAVENWOOD ROAD
FT LAUDERDALE FL 33312
US

Mailing Address
POST OFFICE BOX 4817
MIRAMAR FL 33063-4817
US

3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 02/20/1996
4. FEI Number 65-0570007 65-0574537	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 POST OFFICE BOX 1702
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 DANIA, FL
24 Zip	29 33004 1702
25 Country	30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, type or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CASAGRANDE, CARL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1737 NW 126 DR	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D CASAGRANDE, AL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	953 HILLSBORO MILE	2.2 NAME	
STREET ADDRESS	HILLSBORO BEACH FL 33062	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE: *Albert Casagrande*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-14-97
Daytime Phone: 954-797-8644

CR2E034 (9/96)

2 of 2



Date of this notice:
Taxpayer Identifying Number
Form: 2363

SEP. 9, 1996
65-0574537
Tax Period:



ENVIROMENTAL WASTE SYSTEMS INC
PO BOX 4817
MIRAMAR FL 33083-4817175

For assistance you may
call us at:

1-800-829-1040 ST. OF FL

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:
65-0576037

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS WHICH SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOUR DEPOSIT IS BEING MADE ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT PRIOR TO YOU INITIATING YOUR DEPOSIT THROUGH THE FINANCIAL AGENT DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Overlay 5 Form 8489 (Rev.8-91)

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number
() -

Best time to call

650574537 OR 00 0000

