

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

APPROVED
AND
FILED

pg. 1062

97 FEB 25 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P95000045213*

1. Corporation Name

ADVANCED WASTE SYSTEMS, INC.

Principal Place of Business

Mailing Address

685 N.W. 130 Street
North Miami, FL 33168

3. Date Incorporated or Qualified

6/12/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT D KUSE JR
923 N.E. 119 ST.
NORTH MIAMI, FL 33161

81 Name

ROY L. WEINFELD, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

PAPY & WEISSENBORN, P.A.

83

201 ALHAMBRA CIRCLE, SUITE 502

84 City

CORAL GABLES,

FL

85

Zip Code
33134

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

Robert D. Kuse Jr.

2/12/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ROBERT D KUSE	
STREET ADDRESS	923 NE 119 ST	
CITY-STATE-ZIP	NORTH MIAMI, FL 33161	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> DELETE

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RODNEY C. WALTERS	
13 STREET ADDRESS	685 N.W. 130 Street	
14 CITY-STATE-ZIP	NORTH MIAMI, FL 33161	
21 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROBERT D.T. KUSE, JR	
23 STREET ADDRESS	685 N.W. 130 STREET	
24 CITY-STATE-ZIP	NORTH MIAMI, FL 33161	
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ROBERT D.T. KUSE, JR	
33 STREET ADDRESS	685 N.W. 130 STREET	
34 CITY-STATE-ZIP	NORTH MIAMI, FL 33161	
41 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RODNEY C. WALTERS	
43 STREET ADDRESS	685 N.W. 130 STREET	
44 CITY-STATE-ZIP	NORTH MIAMI, FL 33161	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	RODNEY C. WALTERS	
63 STREET ADDRESS	685 N.W. 130 STREET	
64 CITY-STATE-ZIP	NORTH MIAMI, FL 33161	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0504, 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:

Robert D. Kuse Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-97

Date

305 687-3050

Daytime Phone #

CR2E034 (9/96)

PAPY & WEISSENBORN, P.A.
ATTORNEYS AT LAW

pg. 2 of 2

MIAMI OFFICE
MAILING ADDRESS
P.O. BOX 141939
CORAL GABLES, FL 33114-1939

MIAMI OFFICE
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FLORIDA 33134
(305) 446-5100
FACSIMILE (305) 445-8783

TAMPA OFFICE
4830 WEST KENNEDY BLVD.
SUITE 355
TAMPA FL 33069

PLEASE REPLY TO MIAMI

ROY L. WEINFELD
(Voice Mail Ext 18)

February 12, 1997

Sammy Caldwell
Document Specialist Supervisor
Division of Corporations
Department of State
409 E. Gaines Street
Tallahassee, FL 32399

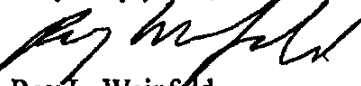
RE: Advanced Waste Systems, Inc./Charter No. P95000045213

Dear Mr. Caldwell:

We have been retained by Advanced Waste. Our client respectfully requests that you understand the excusable neglect as the 1996 Annual Filing Form was mailed to an extinct business address. Enclosed is an Annual Filing Form which addresses the 1996 and 1997 amendments. The most notable changes are registered agent from Robert Kuse to the undersigned and the addition of Rodney C. Walters as officer. Enclosed is our client's check in the amount of \$365 for the 1996 \$200 fee and 1997 \$165 fee.

Thank you for your cooperation. Feel free to call if you have further inquiries.

Very truly yours,



Roy L. Weinfeld
RLW:ca
enc.