

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000021081 (9)
1. Corporation Name
EASTERN ENVIRONMENTAL SERVICES OF FLORIDA, INC.



Principal Place of Business
1000 CRAWFORD PLACE
SUITE 101
MT. LAUREL NJ 08054

Mailing Address
1000 CRAWFORD PLACE
SUITE 101
MT. LAUREL NJ 08054

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 03/07/1997 | |
| 4. FEI Number 22-3508557 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|-------------------------------------|-------------------------------------|---------------------|------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. SUITE 400 | 26 Suite, Apt. #, etc. SUITE 400 | | |
| 23 City & State | 27 City & State | | |
| 24 Zip | 25 Country | 28 Zip | 30 Country |

| | | | |
|--|--|---|-------------------|
| 9. Name and Address of Current Registered Agent CARLTON, FIELDS, WARD, EMMAANUEL, SMITH ATTENTION: LAUREL E. LOCKETT, ESQUIRE ONE HARBOUR PLACE TAMPA FL 33602 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | 85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | D PAOLINO, LOUIS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1000 CRAWFORD PLACE, SUITE 101 | 1.2 NAME | |
| STREET ADDRESS | MT. LAUREL NJ 08054 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D KRAMER, ROBERT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1000 CRAWFORD PLACE, SUITE 101 | 2.2 NAME | |
| STREET ADDRESS | MT. LAUREL NJ 08054 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | D PATRICK, TERRY | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1000 CRAWFORD PLACE, SUITE 101 | 3.2 NAME | Gregory KREEMION |
| STREET ADDRESS | MT. LAUREL NJ 08054 | 3.3 STREET ADDRESS | 1000 CRAWFORD PLACE |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | MT LAUREL NJ 08054 |
| 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 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 supplement to 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: _____ TAMMAM 3/19/98

CR2E034 (10/97)