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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037107

CITY WASTE SYSTEMS, INC.

Mailing Address

2a. Mailing Address

Principal Place of Business 9572 SIDNEY HAYES ROAD ORLANDO FL 32824

2. Principal Place of Business

9572 SIDNEY HAYES ROAD ORLANDO FL 32824

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90001 040 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/25/1997 4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc.	1		26			59-3444949	Not	t Applicable	
27 City & State City & Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country City						<u>_</u>	·		
Trust Fund Contribution	2					V. Octatodo di Calabo Decirco	Fee Rec	quired	
Zip	City & State City & State					•	* 1		
30 Personal Property Tax. Yes No								o Fees	
S. Name and Address of Current Registered Agent YERGEY, DAVID A JR 211 N. MAGNOLIA AVE. ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules, 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12. 11. ITTLE OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OTY-51.2P ORIANDO FL 32824 14. OTY-51.2P DELETE 13. TITLE OCHANGE Addition NAME STREET ADDRESS CITY-51.2P OELETE 31. TITLE OCHANGE Addition NAME STREET ADDRESS CITY-51.2P OELETE 4. TITLE OELETE 4. TITLE OELETE 4. TITLE OCHANGE Addition NAME ADDITIONS/CHANGES OF Change Addition Change Addition Addition Addition ADDITIONS/CHANGES OF Change ADDITIONS/CHANGES OF Chang	Zip		- 					П№	
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CITY- ST-ZIP ORLANDO FL 32824 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME 3.1 TITLE Change Addition NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME Addition Addition	STREET ADDRESS			1.3 STREET	ADDRESS				
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NAME 6.2 STORET ADDRESS					T ADDRESS				
SIREE! AUDICESS									
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	CITY-ST-ZIP	and it, that the information supplied with	h this filing does not qualifulate			ention 119 07(3)(i) Florida Statutes I further	r certify that the in	nformation	

I. 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 informatio 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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 407-855-340

CR2F034 (11/9