

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90029 044 \*\*\*150.00

0165703

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000067027**

1. Corporation Name  
**WASTEMASTERS OF PALM BEACH, INC.**

Principal Place of Business  
 2075-A N POWERLINE RD  
 POMPANO BEACH FL 33069

Mailing Address  
 2075-A N POWERLINE RD  
 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/30/1998**

4. FEI Number **65-0853508** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **2255 GLADE ROAD**

2a. Mailing Address  
 26 **2255 GLADE ROAD**

Suite, Apt. #, etc.  
 22 **200E**

Suite, Apt. #, etc.  
 27 **200E**

City & State  
 23 **Boca Raton**

City & State  
 28 **Boca Raton**

Zip Country  
 24 **33431** 25

Zip Country  
 29 **33431** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERRY, RICHARD G  
 1665 PALM BEACH LAKES BLVD, STE 600  
 WEST PALM BEACH FL 33401

81 Name **NELSON, HOWARD E**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2500 FIRST UNION FINANCIAL CENTER**  
 83 **200 S. BISCAYNE BOULEVARD**  
 84 City **MIAMI** 85 State **FL** 86 Zip Code **33131**

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]* **Howard E Nelson** **2/11/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STERRITT, R. D. JR.</b>	
STREET ADDRESS	<b>10254 MILLER RD</b>	
CITY-ST-ZIP	<b>DALLAS TX 75238</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>LEON BLASER</b>	
STREET ADDRESS	<b>3550 AMERICANA TERR., STE 200</b>	
CITY-ST-ZIP	<b>BOISE ID 83706</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL SMITH</b>	
STREET ADDRESS	<b>1117 PERIMETER CENTER WEST, STE 500 EAST</b>	
CITY-ST-ZIP	<b>Atlanta GA 30338</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>DUGLAS HOUSTED</b>	
STREET ADDRESS	<b>205 S. BARKFORD</b>	
CITY-ST-ZIP	<b>EL RENO, OK 73036</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *[Signature]* **DUGLAS HOUSTED** **2/11/99** **404/888-0158**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)