

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-05-1999 90029 044 ***150.00

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

Suite, Apt. #, etc.

22 200 E

City & State

23 BOCA RATON

Zip

Country

24 33431

25

2a. Mailing Address

26 2255 GLADE ROAD

Suite, Apt. #, etc.

27 200 E

City & State

28 BOCA RATON

Zip

Country

29 33431

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME STERRITT, R. D. JR.

STREET ADDRESS 10254 MILLER RD

CITY-ST-ZIP DALLAS TX 75238

TITLE DE ☐ DELETE

NAME LEON BLASER

STREET ADDRESS 3550 AMERICANA TERR., STE 200

CITY-ST-ZIP BOISE ID 83706

TITLE DP ☐ DELETE

NAME MICHAEL SMITH

STREET ADDRESS 1117 PERIMETER CENTER WEST, STE 500 EAST

CITY-ST-ZIP Atlanta GA 30338

TITLE DS ☐ DELETE

NAME DOUGLAS HOUSTED

STREET ADDRESS 205 S. BARKFORD

CITY-ST-ZIP EL RENO, OK 73036

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0165703