

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S94555** (7)

1. Corporation Name
NORTHWEST FLORIDA SANITATION, INC.



Principal Place of Business 200 E LAS OLAS BLVD. STE. 1400 450 E LAS OLAS BLVD. STE 1200 FORT LAUDERDALE FL 33301 US	Mailing Address 200 E LAS OLAS BLVD. STE. 1400 450 E LAS OLAS BLVD. STE 1200 FORT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 S.E. 6th Street Suite, Apt. #, etc. 22 20th Floor City & State 23 Fort Lauderdale, FL Zip 24 33301 Country 25 US		2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Fort Lauderdale, FL Zip 29 33301 Country 30 US		3. Date Incorporated or Qualified 11/15/1991	4. FEI Number 59-3095888	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				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			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUDSON, HARRIS W		1.2 NAME				
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200		1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WRIGHT, PETER		2.2 NAME				
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200		2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor			
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HANDLEY, RICHARD L		3.2 NAME	VS			
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200		3.3 STREET ADDRESS	Cole, James O.			
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CLEMENTS, THOMAS A		4.2 NAME	AS			
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200		4.3 STREET ADDRESS	Barclay, David A.			
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor			
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PEDDY, COURTLAND		5.2 NAME	T			
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200		5.3 STREET ADDRESS	Hyle, Kathleen			
CITY-ST-ZIP	FORT LAUDERDALE FL		5.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor			
TITLE	AT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CARPENTER, MICHAEL		6.2 NAME	AT			
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200		6.3 STREET ADDRESS	Sills, Howard			
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP	110 S.E. 6th Street, 20th Floor			

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.

SIGNATURE: **James O. Cole** 3/14/98 984-749-7721

CR2E034 (10/97)