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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V57064** (0)
1. Corporation Name
CONTINENTAL WASTE MANAGEMENT CORPORATION

Principal Place of Business
**5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486**

Mailing Address
**5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486-1008**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1992		3a. Date of Last Report 05/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 65-0672422		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, EDWARD H	1.2 NAME	Gerald Bush
STREET ADDRESS	5100 TOWN CENTER CIRCLE, SUITE 330	1.3 STREET ADDRESS	35 King's Hwy, East
CITY- ST- ZIP	BOCA RATON FL 33486	1.4 CITY- ST- ZIP	Fairfield, CT 06430
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Erwin Bernstein
STREET ADDRESS		2.3 STREET ADDRESS	13 Avenue Krieg
CITY- ST- ZIP		2.4 CITY- ST- ZIP	Geneva, Switzerland
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Harvey Rudich
STREET ADDRESS		3.3 STREET ADDRESS	6620 Woodridge Drive
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Parkland, FL 33067
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gary Mottershead
STREET ADDRESS		4.3 STREET ADDRESS	1225 Franklin Blvd.
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Cambridge, Ontario, Canada N1R 7E5
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	James R. Anderson
STREET ADDRESS		5.3 STREET ADDRESS	1225 Franklin Blvd.
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Cambridge, Ontario, Canada N1R 7E5
TITLE	<input type="checkbox"/> DELETE	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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Phone #

GERALD S BUSH 2.14.97 (203) 333 4443

CR2E034 (9/96)