

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

FILED
Feb 18 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 # K54455 (6)
 1. Corporation Name
MEDICAL WASTE SERVICES, INC.



Principal Place of Business 450 E LAS OLAS BLVD SUITE 1200 FT LAUDERDALE FL 33301 US	Mailing Address 450 E LAS OLAS BLVD SUITE 1200 FT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 <u>110 S.E. 6th Street</u> Suite, Apt. #, etc. 27 <u>20th Floor</u> City & State 28 <u>Fort Lauderdale, FL</u> Zip 29 <u>33301</u> Country 30 <u>US</u>	3. Date Incorporated or Qualified 12/21/1988	4. FEI Number 65-0158275	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 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
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HUDSON, HARRIS W. STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200 CITY-ST-ZIP FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Hudson, Harris W. 1.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor 1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VS	NAME HANDLEY, RICHARD L. STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200 CITY-ST-ZIP FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VS 2.2 NAME Cole, James O. 2.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor 2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME PEDDY, COURTLAND STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200 CITY-ST-ZIP FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME Hyle, Kathleen 3.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor 3.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE V 4.2 NAME Wright, Peter 4.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor 4.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE

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 2/2/98 954-769-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)