

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

0279703

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K54455**

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  
**110 SE 6TH ST  
 20TH FLOOR  
 FT LAUDERDALE FL 33301  
 US**

2. Principal Place of Business  
 21 **110 S.E. 6th St.**

2a. Mailing Address  
 26 **110 S.E. 6th St.**

Suite, Apt. #, etc.  
 22 **28th FLOOR**

Suite, Apt. #, etc.  
 27 **28th FLOOR**

City & State  
 23 **FT. LAUDERDALE, FL**

City & State  
 28 **FT. LAUDERDALE, FL**

Zip Country  
 24 **33301** 25 **US**

Zip Country  
 29 **33301** 30 **US**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 PINE ISLAND ROAD  
 PLANTATION FL 33324**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 City  
 84 City  
 85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when first filing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W.	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, PETER	
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
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

11 TITLE	[ ] Change [ ] Addition
12 NAME	<b>HARRIS W. HUDSON</b>
13 STREET ADDRESS	<b>110 S.E. 6th St., 28th FLOOR</b>
14 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
21 TITLE	[ ] Change [ ] Addition
22 NAME	<b>JAMES H. COSMAN</b>
23 STREET ADDRESS	<b>110 S.E. 6th St., 28th FLOOR</b>
24 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
31 TITLE	[ ] Change [ ] Addition
32 NAME	<b>DAVID A. BARCLAY</b>
33 STREET ADDRESS	<b>110 S.E. 6th St., 28th FLOOR</b>
34 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
41 TITLE	[ ] Change [ ] Addition
42 NAME	<b>EDWARD A. LANG, III</b>
43 STREET ADDRESS	<b>110 S.E. 6th St., 28th FLOOR</b>
44 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/21/1988**

4. FEI Number  
**65-0158275**

5. Certificate of Status Desired [ ] Applied For  
 [ ] Not Applicable  
**\$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

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 697, 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  
**JAMES A. BARCLAY, SECRETARY**

2/17/99 (954) 769-2928  
 Date Printed #

CR2E034 (11/98)