## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1996

Ę	OCUN Corporation	<b>MENT</b>	# K1102	20 (0	)									
"			HAZARDOUS W	ASTES, INC.						F <b>að 8</b> 1 <b>k</b> ald að í að þa að þa á á að á að þ	. 8611 81811 B	IĞII BIBII BIĞI	ı Bibii Osbi i	88)
			The real real real real real real real rea											
Principal Place of Business				Mailing Address	Mailing Address									•••
3209 TAMPA ST. TAMPA FL 33603			3209 TAMPA ST. TAMPA FL 33603											
									3	Date Incorporated or Qualified 01/07/1988		ate of Last 04/27/19	•	
<b>-</b> −	Principal Pla	ce of Busine	rss .	F-7 -	2a. Mailing Address				4	. F5I Number 59-2861872			Applied F	
21	Cuita Ant II	Lata		26	Suite, Apt. #, etc.					39-200 1072		407	Not Applic	
22	Suite, Apt. #  - 	r, etc.		27 Stille, Apt. #, 6	<u>+</u> —¬			5	Certificate of Status Desired	X		5 Addition Required		
23	City & State			City & State					Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees		
24	- Zф ]		Country 25	Zip <b>29</b>	—				8	8. This corporation has liability for intangible tax under s 199.032, Forida Statutes Yes No				
		9. Name	and Address of Curre	ent Registered Agent					10	. Name and Address of New	Registere	d Agent		
						8	1	Name						
KHAJEH-NOORI, KAMRAN							82 Street Addre			P.O. Box Number is Not Accepta	ble)			
3209 TAMPA ST.														
	TAMPA F	L 33603				8	3							
								City			F	85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a or registered agent, or both, in the State of Florida. Such change was authorized by the								amed corpo	ration	submits this statement for the pu	rpose of e	changing its	registered	office
	or registere familiar with	ed agent, or h. and accer	both, in the State of Flo at the obligations of, Se	rida. Such change was au ction 607.0505, Florida St	rthorized by atutes.	y the co	rpo	ration's boa	ard of o	directors. I hereby accept the app	pointment	as registere	ed agent. I a	am
S	IGNATURE													
		Signature, typed	or printed name of registered age		(NOTE: Re		<b>j</b> ent	signature require	eci when		DATE			
	2.	PSD	OFFICERS A	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OF	HCERS A	ND DIRECT		
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						•		address						
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64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

DELETE

5.4 CHTY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6 2 NAME

SIGNATURE:

CHTY - ST - ZIP

STREET ADDRESS

TITLE

NAME

4/15/94 (813)229-6667

☐ Change

Addition