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Mar 17 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 # K54455

(6)

1. Corporation Name

MEDICAL WASTE SERVICES, INC.

Principal Place of Business

%REPUBLIC INDUSTRIES, ATN: TERI M. TRIMMER
200 EAST LAS OLAS BLVD., STE. 1400
FT LAUDERDALE FL 33301

Mailing Address

%REPUBLIC INDUSTRIES, ATN: TERI M. TRIMMER
200 EAST LAS OLAS BLVD., STE. 1400
FT LAUDERDALE FL 33301-2248



3. Date Incorporated or Qualified
12/21/1988

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0158275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
22 Ste. 1200

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
27 Ste. 1200

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUDSON, HARRIS W.
STREET ADDRESS 200 E LAS OLAS BLVD 1420
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Harris W. Hudson
1.3 STREET ADDRESS 450 E. Las Olas Blvd Ste. 1200
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE VS ☐ Change ☒ Addition
2.2 NAME Richard L. Handley
2.3 STREET ADDRESS 450 E. Las Olas Blvd. Ste. 1200
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Courtland Reddy
3.3 STREET ADDRESS 450 E. Las Olas Blvd. Ste. 1200
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Richard L. Handley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley 2/20/97

Date

Daytime Phone #

954-713-5200

CR2E034 (9/96)