


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
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
--	--

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 26 110 S.E. 6th Street 27 Suite, Apt. #, etc. 20th Floor 28 City & State Fort Lauderdale, FL 29 Zip 33301 30 Country US
---	--

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HUDSON, HARRIS W.
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VS
NAME	HANDLEY, RICHARD L.
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T
NAME	PEDDY, COURTLAND
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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
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
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
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
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Date Daytime Phone 0269895

CR2E034 (10/97)