

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1 of 2

DOCUMENT # **L85460** (8)

1. Corporation Name

SAFETY DISPOSAL SYSTEM, INC.



Principal Place of Business

**C/O DANIEL A. STAUBER
3890 NW 132 ST. SUITE K
OPA LOCKA FL 33054**

Mailing Address

**C/O DANIEL A. STAUBER
3890 NW 132 ST. SUITE K
OPA LOCKA FL 33054**

3. Date Incorporated or Qualified

07/06/1990

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0264852

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

9. Name and Address of Current Registered Agent

**STAUBER, DANIEL A.
3890 NW 132ND ST. (K)
OPA LOCKA FL 33054**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVS
PEKAREK, JAMES
3890 N.W. 132 STREET K
OPA LOCKA FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
STAUBER, DANIEL A.
3890 N.W. 132 STREET K
OPA LOCKA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**VT
Elkin, Michael
3890 N.W. 132 Street K
Opa Locka FL**

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

4/16/96

(305) 688-3731

CR2E034 (12/95)

MED/WASTE, INC.
ADDITIONAL DIRECTORS

TITLE	PD
NAME	STAUBER, DANIEL
STREET ADDRESS	3890 N.W. 132 STREET K
CITY, STATE	OPA LOCKA, FL
TITLE	D
NAME	WALLACE, MILTON
STREET ADDRESS	3890 N.W. 132 STREET K
CITY, STATE	OPA LOCKA, FL
TITLE	D
NAME	SCURR, CHARLES
STREET ADDRESS	3618 PALMARITO STREET
CITY, STATE	CORAL GABLES, FL
TITLE	VT
NAME	ELKIN, MICHAEL
STREET ADDRESS	3890 N.W. 132 STREET K
CITY, STATE	OPA LOCKA, FL