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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **L85460** **(8)**

1. Corporation Name
SAFETY DISPOSAL SYSTEM, INC.

[redacted]

Principal Place of Business	Mailing Address
C/O DANIEL A. STAUBER 6175 NW 153 St. Suite 324 Miami Lakes, FL 33014	C/O DANIEL A. STAUBER 6175 NW 153 St. Suite 324 Miami Lakes, FL 33014

3. Date Incorporated or Qualified: 07/06/1990	3a. Date of Last Report: 04/22/1996
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	

1. Principal Place of Business		26. Mailing Address	
Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
City & State		28. City & State	
Zip	25. Country	Zip	29. Country 30.

9. Name and Address of Current Registered Agent
STAUBER, DANIEL A.
6175 NW 153 St.
Suite 324
Miami Lakes, FL 33014

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 Michael Elkin VP/CFO
Signature (typed or printed) name of registered agent and title if applicable (DATE) (Registered Agent signature required when mailing) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELKIN, MICHAEL	1.2 NAME	
STREET ADDRESS	6175 NW 153 St., Suite 324	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL 33014	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STAUBER, DANIEL A.	2.2 NAME	
STREET ADDRESS	6175 NW 153 St,m Suite 324	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL 33014	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700002551577
STREET ADDRESS		6.3 STREET ADDRESS	-06/08/98--01111--003
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***450.00

CR2E034 (9/96)

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. 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.