

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90224 011 ***150.00

DOCUMENT # L85460

1. Corporation Name
SAFETY DISPOSAL SYSTEM, INC.



Principal Place of Business
6175 N.E. 153 STREET
SUITE 324
MIAMI LAKES FL 33014

Mailing Address
6175 N.E. 153 STREET
SUITE 324
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0264852	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes the current year Intangible	
24	25	Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAUBER, DANIEL A.
6175 N.E. 153 STREET
SUITE 324
MIAMI LAKES FL 33014

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELKIN, MICHAEL	1.2 NAME	WMS, George
STREET ADDRESS	6175 N.E. 153 STREET, SUITE 324	1.3 STREET ADDRESS	6175 NW. 153 rd Street, Suite 324
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUBER, DANIEL A	2.2 NAME	STUBER, DANIEL
STREET ADDRESS	6175 N.E. 153 STREET, SUITE 324	2.3 STREET ADDRESS	6175 N.W. 153 rd Street, Suite 324
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BAUMAN, BRYAN
STREET ADDRESS		3.3 STREET ADDRESS	1200 Brickell Avenue, Suite 1720
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Carlos Campos
STREET ADDRESS		4.3 STREET ADDRESS	6175 N.W. 153 rd Street, #324
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)