

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 3:19

DOCUMENT # **P38441** (2)

1. Corporation Name

MED/WASTE, INC.

Principal Place of Business

100 SE SECOND ST.
SUITE 2100
MIAMI FL 33131

Mailing Address

100 SE SECOND ST.
SUITE 2100
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1992

3a. Date of Last Report
05/27/1994

2. Principal Place of Business

21

2a. Mailing Address

26

3890 N.W. 132nd ST

4. FEI Number

65-0297759

Applied For

Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

BAY K

23. City & State

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28. City & State

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OPA LOCKA, FL

24. Zip

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Country

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29. Zip

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33054

Country

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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

**STAYBER, DANIELS
3890 NW 132 STREET
STE K
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81

Name

STAUBER, DANIEL

82

Street Address (P.O. Box Number is Not Acceptable)

3890 NW 132 STREET

83

SUITE K

84

City

OPA LOCKA

FL

85

Zip Code

33054

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**PEKAREK, JAMES
3890 NW 132 / STE K
OPALOCKA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

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11. STREET ADDRESS

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219. STREET ADDRESS

220. CITY - ST - ZIP

221. TITLE

P3 894

MED/WASTE, INC.

ADDITIONAL DIRECTORS

TITLE	P/D
NAME	STAUBER DANIEL
STREET ADDRESS	3890 NW 132 STREET, SUITE K
CITY-ST-ZIP	OPA LOCKA FL 33054

TITLE	D
NAME	WALLACE MILTON
STREET ADDRESS	3890 NW 132 STREET, SUITE K
CITY-ST-ZIP	OPA LOCKA FL 33054

TITLE	D
NAME	SCURR CHARLES
STREET ADDRESS	3618 PALMARITO STREET
CITY-ST-ZIP	CORAL GABLES FL 33134