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FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P38441

(2)

1. Corporation Name

MED/WASTE, INC.

Principal Place of Business

100 SE SECOND ST.
SUITE 2100
MIAMI FL 33131

Mailing Address

3890 N.W. 132ND ST
BAY K
OPA LOCKA FL 33054-4537
US

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

04/22/1996

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

65-0297759

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
3890 NW 132 STREET
SUITE K
OPA LOCKA FL 33054

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STAUBER, DANIEL
STREET ADDRESS 3890 NW 132 / STE K
CITY-ST-ZIP OPA LOCKA FL

TITLE D ☐ DELETE

NAME DOLAN, WILLIAM DR
STREET ADDRESS 4704 LEJEUNE RD
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME SHAPIRO, ARTHUR
STREET ADDRESS 524 ARTHUR GODFREY RD.
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME KUBEC, PHILLIP
STREET ADDRESS 3890 NW 132 STREET, STE. K
CITY-ST-ZIP OPA LOCKA FL

TITLE D ☐ DELETE

NAME GREEN, RICHARD
STREET ADDRESS 181 LEUCADENDRA DR.
CITY-ST-ZIP CORAL GABLES FL

TITLE VT ☐ DELETE

NAME ELKIN, MICHAEL
STREET ADDRESS 3890 N.W. 132ND STREET K
CITY-ST-ZIP OPA LOCKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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. 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 or is changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)