

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 90091 001 \*\*\*150.00

DOCUMENT # P38441

1. Corporation Name  
MED/WASTE, INC.

Principal Place of Business

100 SE SECOND ST.  
SUITE 2100  
MIAMI FL 33131

Mailing Address

6175 N.W. 153 ST.  
SUITE 324  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1992

4. FEI Number

65-0297759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

6175 N.W. 153<sup>rd</sup> Street  
Suite, Apt. #, etc.

Suite 324

City & State  
MIAMI LAKES, FL

Zip Country  
33014 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

STAUBER, DANIEL  
6175 NW 153 STREET  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME STAUBER, DANIEL  
STREET ADDRESS 6175 NW 153 ST., STE. 324  
CITY-ST-ZIP MIAMI LAKES FL 33015

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

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

TITLE D  
NAME KUBEC, PHILLIP  
STREET ADDRESS 6175 NW 153 ST., STE. 324  
CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE VT  
NAME ELKIN, MICHAEL  
STREET ADDRESS 6174 N.W. 153 ST., STE. 324  
CITY-ST-ZIP MIAMI LAKES FL 33014

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE D  
1.2 NAME Wallace, MILTON J.  
1.3 STREET ADDRESS 1200 BRICKELL AVENUE Suite 1720  
1.4 CITY-ST-ZIP Miami FL 33131

2.1 TITLE AS  
2.2 NAME Bauman, Bryan  
2.3 STREET ADDRESS 1200 Brickell Ave., suite 1720  
2.4 CITY-ST-ZIP Miami, FL 33131

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

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

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

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

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 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 (1/98)