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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000017612 (1)

BIO-WASTE INDUSTRIES, INC. Principal Place of Business Mailing Address 5528 FORCE FOUR PARKWAY POST OFFICE BOX 540417 ORLANDO FL 32839 ORLANDO FL 32854 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1993 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3117271 26 Not Applicable Suito, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Yo Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOREMUS, JOSEPH R2 Street Address (P.O. Box Number is Not Acceptable) 5528 FORCE FOUR PARKWAY ORLANDO FL 32839 В3 City 84 Zip Code 85 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 (NOTE: Rogistered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE $\Pi^{\intercal} L F$ 1 1 TOTAL ☐ Change ☐ Addition DORENUS, JOSEPH NAME 1.2 NAME CR2E034 5528 FORCE FOUR PKWY. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP DELFTE THE 2 1 TITLE Change Addition NAME: 22 NAME 2.3 STREET ADDRESS City - St - ZiP 24 CITY-ST-ZIP TIFLE DELETE 3 1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZiP 3 4 CITY - ST - ZIP 10.€ DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAMÊ STREE! ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP THILE DELETE 5 1 THTLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZiP 5.4 CITY - \$1 - ZIP THEF □ DELETE 6 1 TITLE Change Addition NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Lido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

407-850-1010