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FILED

Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000003275 (9)

1. Corporation Name

A-1 MEDICAL WASTE, INC.

Principal Place of Business

Mailing Address

439 HAVEN POINT
TREASURE ISLAND FL 33706

439 HAVEN POINT
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

59-3418947

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8246 30TH AVE No

Suite, Apt. #, etc.

22

City & State

23 ST PETERS BURG

Zip 33710

Country FL

2a. Mailing Address

26 8246 30TH AVE No

Suite, Apt. #, etc.

27

City & State

28 ST PETERS BURG

Zip

29 33710

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

STEIN, SHIRLEY
439 HAVEN POINT
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

SHIRLEY STEIN

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

8246 30TH AVE No

83

84 City

ST PETERSBURG

FL

85 Zip Code

33710

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

TITLE D ☐ DELETE

NAME STEIN, SHIRLEY
STREET ADDRESS 439 HAVEN POINT
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME SHIRLEY STEIN
1.3 STREET ADDRESS 8246 30TH AVE No
1.4 CITY-ST-ZIP ST PETERS BURG, FL 33710

2.1 TITLE P-D-S-T ☐ Change ☒ Addition

2.2 NAME JAMES A. DELL
2.3 STREET ADDRESS 827-14TH AV. No
2.4 CITY-ST-ZIP ST PETERSBURG, FL 33701

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 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.

SIGNATURE

PRES. 813-347-4655

CR2E034 (10/97)