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

DOCUMENT # P98000043444

1. Corporation Name

BIO-WASTE INDUSTRIES, INC.

| Principal Place | e of Business | Mailing Address | | | 1 (401/40) (10 10/10 10/11 00/11 00/11 00/11 00/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11 | | |
|---|--|------------------------------------|--|----------------------------|--|--|--|
| 5518 FORCE FO | OUR PARKWAY | 5518 FORCE FOUR PARKWAY | | | | | |
| SUITE 102 | | SUITE 102 | | | DO NOT WOLTE IN THE SEASE | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 9. Name and Address of Current DOREMUS, JOSEPH D 5518 FORCE FOUR PARKWAY SUITE 102 ORLANDO FL 32854 11. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both in the State of | ORLANDO FL 32854 | | | DO NOT WRITE IN THIS SPACE | | | |
| 1 | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 05/07/1998 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | |
| 21 | | 26 PoBox 540417 | | | 59-3520%07 Not Applicable | | |
| | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| | | | | | 5. Certificate of Status Desired Fee Required | | |
| | <u>. </u> | City & State | | | 6. Election Campaign Financing 55.00 May Be | | |
| | | | FL | | Trust Fund Contribution Added to Fees | | |
| | Country | Zip | Country | | This corporation owes the current year Intangible | | |
| <u> </u> | 25 | 29 32854 30 | us | A | Personal Property Tax. | | |
| | | | - | | 10. Name and Address of New Registered Agent | | |
| | | | 81 | Nam | | | |
| DOREMUS, JOSEPH D | | | | | | | |
| | • | | 82 | Stree | eet Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | - | | | |
| | | | " | ' | | | |
| ONLANDO PE 32034 | | 84 | City | y 85 Zip Code | | | |
| | | | l_ | 1 | , FL | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the abov | /e-name | ned corporation submits this statement for the purpose of changing its registered | | |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0505, Florida | Statute | s. | orporation a board of discussion (major) deserving approximation and a second | | |
| SIGNATURE | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: Rec | gistered Age | ent signatur | lure required when reinstating) DATE | | |
| 12. OFFICERS AND DIRECTORS 1 | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | 0 | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME DOREMUS, JOSEPH D | | | 1.2 NAME | | | | |
| | | | 1.3 STREE | ET ADORES | ESS | | |
| CITY-ST-ZIP | ORLANDO FL 32854 | | 1.4 C/TY-1 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 2.2 NAME | | | | |

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4, CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

☐ DELETE

□ DELETE

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:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

JOE DOTEMINO

4/20/99

403 850 100

☐ Change

Change

Change

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FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90038 034 ***150.00