FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information indicated on this I am an officer or director of



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S66381

1. Corporation Name
BIO-MEDICAL WASTE SERVICES, INC.

(2)

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Apr 29 1997 8:00am

Secretary of State

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Principal Place of Business Mailing Address									1 1991/849	iin Bilin Alias	I BROWN FROM TOWN	Biffir Biffir A	1911 9 1411 9 141		
8285 N.W 64TH STREET P.O. BOX 52-										•					
#5	_		MIAN	II FL 33152-7941											
MIAMI FL 33166	8							-	a. Date Inco 07/16/1		r Qualified		nte of Last 01/1996	Fleport	
2. Principal Pl	lace of Business		2a. N	Mailing Address		*****			4. FEI Numi					Applied For	
21				26					\ \C \(\O \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				ot Applica		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.								571		Additiona	-
22				27					6. Certificat	e of Status	Desired	X		Required	
City & State				City & State					6. Election	Campaign	Financing		\$5.00	May Be	
23				28					Trust Fur	nd Contribu	tion		Added	10 Fees	
Zip	Co	ountry	7	Zip Cou					8. This corporation has liability for intangible tax under s. 199.032,					≥,	
24	25		29					Florida Statutes Yes No						~	
	9, Name and A	ddress of Curre	nt Registe	red Agent		04			10. Name ar	d Address	of New Re	gistered a	Agent		
	, GEORGE P					81	Name								
9260 SUNSET DRIVE, #119							Street	Address	ess (P.O. Box Number is Not Acceptable)						
MAIM	MI FL 33173					00									
						В3									ľ
	•					84	City			·		Pm 1	85 Zip	Code	
						Ш						FL			
office or re	egistered agent, or	both, in the Sta	e of Florida	.1508, Florida Statu . Such change was Section 607.0505, F	authorize	d by	the com	poration	ition submits 's board of d	this statem irectors. I h	ereby accep	ourpose of the app	changing ointment a	ns registere s registere	rea ed
SIGNATURE															
	Signature, typed or printed	· · · · · · · · · · · · · · · · · · ·				d Age	a: signature	required v	rien reinstating)			DATE			
12.	VP	OFFICERS A	VD DIRECT	ORS DELETE	13.			Par	SIDER		S TO OFFIC	ERS AND			}
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NAME	8285 N.W. 64				1.2 N	AMI		KAI	-16.6		COULH Comment	-			Ş
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blied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that not the reguliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name