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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V21516

(2)

A & J MEDWASTE, INC.

FILED Jan 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 9218 TOBY LANE 9218 TOBY LANE ORLANDO FL 32817 ORLANDO FL 32817-1384						
					3. Date Incorporated or Qualified 03/16/1992	3a. Date of Last Report 02/05/1996
·	l Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Ar	pt. #, etc	Suite Apt. #, etc.			59-3124606	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Si 23	tate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for i	intangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Curr	29 Ann Registered Agent	30		Florida Statutes 10. Name and Address of New Re	
	/ANS, ROBERT F. JR.	ent ucharaten whent		1 Name	10. Name and Address of New He	JISTOIGU AGOIT
	31 VIRGINIA DRIVE					
WINTER PARK FL 32789			L	Street Ad	Idress (P.O. Box Number is Not Acceptab	
			L			
			1	City		FL 85 Zip Code
office a	or registered agent, or both, in the Sta I am familiar with, and accept the ob-	ite of Florida. Such change was	s authorized	by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
	Stgriation, typed or printed rame of registered			Agent signarure red	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	Ornicers a	ND DIRECTORS DELETE	13.	F T	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MAVROFRIDES, CONSTANC		1.2 NAA	1		Change Last raction
STREET ADDRES	AAAA TABU LAME		1	EET ADDRESS		
CHY+ST-ZIP	ORLANDO FL		1.4 CIT	'-ST-ZIP		
TITLE	ST	DELETE	2 1 111	E		Change Addition
NAMÉ	MAVROFRIDES, GEORGE D.		2 2 NAM	IE }		
STREET ADDRES			1	EET ADDRESS	11 miles	
CITY-ST-ZIP	ORLANDO FL	DELETE		Y-ST-ZIP		Change Addition
THLE NAME:		Γ□ ΩΕΓCΙΕ	3.1 THTU 3.2 NAM			CT change CT vocation
STREET ADDRES	30			EET ADDRESS		
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TITLE		DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NA	itE [
STREET ADDRES	58		4.3 STA	EET ADORESS		
City - St - 7IP			4.4 CIT	-ST-ZIP	711	
THILE		DELETE	5 1 TITE	E [Change Addition
NAMÉ	ļ		5.2 NA	1E		
STREET ADDRES	SS		53 STA	EET ADDRESS		
CITY-ST-712		The see		r-ST-ZIP		
T-TLE		☐ DELETE	6.1 1(1)	{		Change Addition
NAME			6.2 NAI			
STREET ADORES	SS			EEI ADDRESS		
City-S1 7iP	I		6.4 CIT	ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR