SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 NOV 23 PM 3: 33 DIVISION OF CORPORATIONS 1998 DOCUMENT # F9700000 SECRETARY OF STATE TALLAHASSEE, FLORIDA Florida Recycling Services Inc. Principal Place of Business Mailing Address 000002698120---11/30/98--01131--014 925 S. Clyde Morris Baulevard DO MANNATERILIBRE SPANNENESSO. CO saytona Beach 3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 925 S. B-0735181 26 Saw Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32114 Yes Yes 1/0/0 Personal Property Tax due June 30. 24 0. Name and Address of New Registered Agent Frank Ward, SP. 8750 S, Ocean Blood-Tenson Beach, Fla, hleen ZZ Eranh ess (P.O. Box Number is Not Acceptable) 82 83 84 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 forida Statutes. NOTE Bugistered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Prisident /sec/ THE DELETE ☐ Addition TITLE 1 1 TITLE ☐ Change Frank M. Ward, SK 1.2 NAME NAME STREET ADDRESS 2701 S. Latin 1 3 STREET ADDRESS CITY - ST - ZIP 60605 14 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE George was 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP ☐ Change ☐ Addition 3 1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS GOGO 8 □ DELETE 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Asst. Secretary michael Chorpash 4.1 TITLE 4. 2 NAME NAME 101 S. Latin STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii) Fliction Statutes. I further certify that the information indicated on this annual report or supplemental annual report is they 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 receivenor 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 adjoint with an address.

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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DELETE

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STREET ADDRESS

CITY - ST-ZIP

OFFICER OR DIRECTOR

1/16/58

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