

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90190 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000002522

1. Corporation Name
FLORIDA RECYCLING SERVICES, INC.



Principal Place of Business
 925 S. CLYDE MORRIS BLVD.
 DAYTONA BEACH FL 32114

Mailing Address
 925 S. CLYDE MORRIS BLVD.
 DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
05/06/1997

4. FEI Number
65-0735186 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Vihlen
~~VHILEEN, SID III~~ Centre
 1173 ~~SPRING CENTER SOUTH~~ BLVD.
 STE. C
 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, FRANK M SR	1.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, GEORGE	2.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, FRANK JR	3.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHORPASH, MICHAEL	4.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vihlen, Sidney L. III	5.2 NAME	
STREET ADDRESS	1173 Spring Centre So. Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs FL 32714	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vihlen, Sidney L. III	6.2 NAME	
STREET ADDRESS	1173 Spring Centre So. Blvd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs FL 32714	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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Day/Time Phone # _____

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