

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:26

**DOCUMENT # K11067 (1)**

1. Corporation Name  
**VOLUME REDUCTION SYSTEMS, INC.**

Principal Place of Business      Mailing Address

**4101 RAVENSWOOD RD  
FT LAUDERDALE FL 33312  
US**      **4101 RAVENSWOOD RD  
FT LAUDERDALE FL 33312  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      2a Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      Country      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**01/07/1988**      **04/11/1994**

4. FEI Number      Applied For

**65-0027871**      Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution            \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**BERKOWITZ, PAUL E  
1221 BRICKELL AVE  
MIAMI FL 33131**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

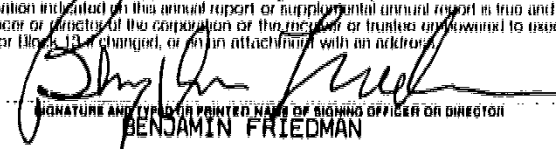
12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	FRIEDMAN, BENJAMIN
STREET ADDRESS	18151 NE 31ST CT, PH 117
CITY- ST- ZIP	N. MIAMI BEACH FL
TITLE	SD
NAME	COHAN, ALLAN N
STREET ADDRESS	18151 NE 31ST CT #1202
CITY- ST- ZIP	N MIAMI BEACH FL
TITLE	SD
NAME	FRIEDMAN, BENJAMIN
STREET ADDRESS	18151 N.E. 31 CT. PH 117
CITY- ST- ZIP	N. MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(1)(b), Florida Statutes. I further certify that the information included 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 appointed to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE:       2/20/95      305 797 7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone Number

**BENJAMIN FRIEDMAN**