

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
97 JUN 23 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # K11067 (1)**  
1. Corporation Name  
**VOLUME REDUCTION SYSTEMS, INC.**



Principal Place of Business  
**4101 RAVENSWOOD RD  
FT LAUDERDALE FL 33312  
US**

Mailing Address  
**4101 RAVENSWOOD RD  
FT LAUDERDALE FL 33312-5373  
US**

2. Principal Place of Business  
21 **18151 NE 31st Court**  
Suite, Apt. #, etc.  
22 **Penthouse 117**  
City & State  
23 **N. Miami Beach, FL**  
Zip Country  
24 **33160** 25  
2a. Mailing Address  
26 **6550 N. Federal Highway**  
Suite, Apt. #, etc.  
27 **Suite 340**  
City & State  
28 **Fort Lauderdale, FL**  
Zip Country  
29 **33308** 30

3. Date Incorporated or Qualified  
**01/07/1988**

3a. Date of Last Report  
**07/08/1996**

4. FEI Number  
**65-0027871**

Applied For  
 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  
**Benjamin Friedman**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6550 N. Federal Hwy, Suite 340**  
83  
84 City  
**Fort Lauderdale** FL 85 Zip Code  
**33308**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, BENJAMIN</b>	
STREET ADDRESS	<b>18151 NE 31ST CT, PH 117</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, BENJAMIN</b>	
STREET ADDRESS	<b>18151 N.E. 31 CT. PH 117</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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]* **4/9/97** *[Handwritten]* **165.00**

CR2E034 (9/96)