

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. WOOTEN
GOVERNOR OF FLORIDA
TALLAHASSEE, FLORIDA 32301-0001

APPROVED
AND
FILED

DOCUMENT # **K47747** (6)

MAY 19 11:10:35

GERZEL'S RECYCLERS STORAGE SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4915 CORDER ROAD ORLANDO FL 32810-5142	4915 CORDER ROAD ORLANDO FL 32810-5142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt # etc.	26. State Apt # etc.	11/28/1988	12/28/1994
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	59-2881334	
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		6. Federal Campaign Finance Act / Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199(3)(a), Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VARMA, BOB A 1425 S.R. 434 LONGWOOD FL 32750		B1. Name	B5. Zip Code
		B2. Street Address (P.O. Box Number is Not Acceptable)	FL
		B3. City	
		B4. City	

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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. AGENTS FOR SERVICE OF PROCESS	
TITLE	11. TITLE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12. NAME	2. NAME	
STREET ADDRESS	13. STREET ADDRESS	2.1 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	14. CITY, ST, ZIP	2.2 CITY, ST, ZIP	4325 Kelnepa Dr. Jacksonville, FL 32207
TITLE	21. TITLE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22. NAME	3.2 NAME	
STREET ADDRESS	23. STREET ADDRESS	3.3 STREET ADDRESS	530 Georgia Ave. Altamonte Springs, FL 32714
CITY, ST, ZIP	24. CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	31. TITLE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32. NAME	4.2 NAME	
STREET ADDRESS	33. STREET ADDRESS	4.3 STREET ADDRESS	
CITY, ST, ZIP	34. CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	51. TITLE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52. NAME	5.2 NAME	
STREET ADDRESS	53. STREET ADDRESS	5.3 STREET ADDRESS	
CITY, ST, ZIP	54. CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	61. TITLE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62. NAME	6.2 NAME	
STREET ADDRESS	63. STREET ADDRESS	6.3 STREET ADDRESS	
CITY, ST, ZIP	64. CITY, ST, ZIP	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 119.07(2)(b), 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. I am available or a 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert R Gerzel* 5/3/95 407-298-4985