

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S23474** (7)  
1. Corporation Name  
**ENVIROCYCLE, INC.**



Principal Place of Business: **849 SOUTHWEST 21ST TERR. FT LAUDERDALE FL 33312 US**  
Mailing Address: **200 E LAS OLAS BOULEVARD SUITE 1420 FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **01/08/1991**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **65-0243954**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 22  
23. City & State: 23  
24. Zip: 24  
25. Country: 25  
26. Suite, Apt. #, etc.: 26  
27. City & State: 27  
28. City & State: 28  
29. Zip: 29  
30. Country: 30

**9. Name and Address of Current Registered Agent**

**HUDSON, HARRIS W.  
200 E. LAS OLAS BLVD.  
SUITE 1420  
FORT LAUDERDALE FL 33301**

**10. Name and Address of New Registered Agent**

81. Name: **C.T. CORPORATION SYSTEM**  
82. Street Address (P.O. Box, etc.): **1200 S. PINE ISLAND ROAD**  
83. City: **PLANTATION, FLORIDA 33324**  
84. City: **FL** 85. Zip Code: **33324**

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 provisions of, Section 607.0505, Florida Statutes.

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

**4/29/96**

SIGNATURE: *[Signature]*  
Signature (typed or printed name of registered agent) (typed or printed)

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, PETER</b>	
STREET ADDRESS	<b>200 E. LAS OLAS BLVD#1420</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUDSON, HARRIS W.</b>	
STREET ADDRESS	<b>200 E LAS OLAS BLVD#1420</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, STEVEN W</b>	
STREET ADDRESS	<b>849 SW 21 TERR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
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	

*See attached*

**400001819664**  
**-05/14/96--01012--056**  
**\*\*\*200.00**

**5/1/96**

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(3)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter Wright*

**4/26/96**

**954-627-6000**  
Digitized Process

CR2E034 (12/95)