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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # S23474 (7)

1. Corporation Name
ENVIROCYCLE, INC.

Principal Place of Business: **049 SOUTHWEST 21ST TERR. FT LAUDERDALE FL 33312 US**

Mailing Address: **200 E. LAS OLAS BOULEVARD SUITE 1420 FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **01/08/1991** 3a. Date of Last Report: **03/30/1994**

4. FBI Number: **65-0243954** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **DST**
NAME: **WRIGHT, PETER**
STREET ADDRESS: **200 E. LAS OLAS BLVD#1420**
CITY - ST - ZIP: **FT LAUDERDALE FL**

TITLE: **DP**
NAME: **HUDSON, HARRIS W.**
STREET ADDRESS: **200 E LAS OLAS BLVD#1420**
CITY - ST - ZIP: **FT LAUDERDALE FL**

TITLE: **V**
NAME: **HUDSON, STEVEN W**
STREET ADDRESS: **849 SW 21 TERR**
CITY - ST - ZIP: **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP Change Addition

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 110.07(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, its 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 attached sheet with an address.

SIGNATURE: **Harris W. Hudson** 4-5-95 305-761-8333

SIGNATURE AND TITLE OF FILING OFFICER OR DIRECTOR Title (Type or Print Name)