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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000066092 (6) DOCUMENT #

1. Corporation Name

RECYCLING TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 115 25TH AVE NE P.O. BOX 7949 ST. PETE FL 33704 ST. PETE FL 33734								
_	ace of Business	2a. Mailing Address		4. FEI Number Applied For 59-3198065 Not Applicable				
Suite, Apt	# otc	26 Suite, Apt. #, etc	Suite Ant # etc		¢0.75 addition			
22	#. 6 (0.	27	<u>├</u>		5. Certificate of Status Desired Fee Required			
City & State	0	Gily & State	Gily & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Ζιρ	^		Zip Country		This corporation has liability for intangible tax under s 199.032.			
24	25 29 30		30		Ftorida Statutes X Yes No 10. Name and Address of New Registered Agent			
	g. Name and Address of C	Current Registered Agent	81	Name	10. Name and Address of New I	legistered Age	int	****
TIQUE F	DAVAD. I							
TIGHE, [H AVE NE		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	E FL 33704		83				•	
			84	City			35 Zip Coo	de
			1			FL	,	
 Pursuant to or register 	to the provisions of Sections 607 red agent, or both, in the State of	7.0502 and 607.1608, Florida SI if Elorida, Such change was aufl	atutes, the above norized by the corr	named corpo loration's boa	ration submits this statement for the purid of directors. Thereby accept the app	rpose of changi ontment as reg	ng its registe istered ager	ered office nt. I am
familiar wi	ith, and accept the abligations of	Solition 607.0505. Florida Stat	utes.		VOID -	_		
SIGNATURE	Slignature: typed or printed natio of equation	DAY DAY H	OT TO	The -	st where reconstant can	4-22-	76	
12.	FICEF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND DIF	RECTORS	N 12
TITLÉ	DP	DELETE	1 1 TITLE				Change 🔲	Addition
NAME	TIGHE, DAVID		1.2 NAME					
STREET ADDRESS 115 25TH AVE NE			1.3 STREET ADDRESS					
CITY - ST - ZIP	ST. PETE FL 33704	F) pri F F	1.4 CITY - ST - ZIP				hanga 🗖	Addition
TITLE	22		2 1 111/16				Change 🔲	Addition
NAME			2.2 NAME	1.4500000				
STREET ADDRESS			2.4 CITY -	1 ADORESS				
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STREET ADDRESS			4 3 STREE	1 ADDRESS				
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NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CHTY - ST - ZIP				S1 - ZIP			Change 🔲) Addition
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NAME express annueses								
STREET ADDRESS			6.5 STREE	I ADDRESS				

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 trusted en-powered 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

SIGNATURE

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