

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI 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

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, etc.)

83. City

84. State

**C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

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 provisions of, Section 607.0505, Florida Statutes.

**PETER F. SOUZA
ASSISTANT SECRETARY**

4/29/96

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DST
WRIGHT, PETER
200 E. LAS OLAS BLVD#1420
FT LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DP
HUDSON, HARRIS W.
200 E LAS OLAS BLVD#1420
FT LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**V
HUDSON, STEVEN W
849 SW 21 TERR
FT LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-STATE-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-STATE-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-STATE-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-STATE-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-STATE-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY-STATE-ZIP

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY-STATE-ZIP

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Wright

4/26/96

954-627-6000

CR2E034 (12/95)