

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 171867 (5)
1. Corporation Name
GULF COAST RECYCLING, INC.



Principal Place of Business Mailing Address
1901 NORTH 66TH STREET 1901 NORTH 66TH STREET
TAMPA FL 33619 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/09/1953	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0690405	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KITCHEN, WILLIS M.
1901 NORTH 66TH STREET
TAMPA FL 33619

81 Name ALAN WEINSTEIN
82 Street Address (P.O. Box Number is Not Acceptable) 500 N. Maitland Ave # 308
83
84 City Maitland FL 85 Zip Code 32751

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 Alan S. Weinstein

ALAN S. Weinstein 4/22/98

Signature types or printed in block of registered agent (and then "applicable")

(Not a Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSTER, IRVING	1.2 NAME	
STREET ADDRESS 1901 N. 68TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL	1.4 CITY-ST-ZIP	
TITLE STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSTER, STEPHEN	2.2 NAME	
STREET ADDRESS 1901 N 68TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL	2.4 CITY-ST-ZIP	
TITLE P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KITCHEN, WILLIS	3.2 NAME	
STREET ADDRESS 1901 N 68TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL	3.4 CITY-ST-ZIP	
TITLE D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYNE, MARY LOU	4.2 NAME	
STREET ADDRESS 1901 N 68TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE Stephen C. Oster See 4/21/98 813 626 615

CR2E034 (10/97)