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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

 Secretar / of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90139 006 \*\*\*150.00

## DOCUMENT # 171867 1. Corporation Name

GULF COAST RECYCLING, INC.

Principal Place of Business Mailing Address				1 186161 314(1) 18801 3148) 18810 0	itti 1885 Billi Bibit billi Billi Atbit Billi 1900
1901 NORTH 66TH STREET TAMPA FL 33619		1901 NORTH 66TH STREET TAMPA FL 33619		DO NOT WP	ITE IN THIS SPACE
				3. Date Incorporated or Qualifed	
				01/09/1953	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appl ed For
21		26		59-0690405	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-5Certificate of Status Desired-	\$8.75 Additional
22		27	27		Fee Required
City & State		City & State		6. Electior Campaign Financing	55.00 Nay Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zìp	Country	8. This co poration owes the cur	
24	25	<del></del>	30	Personal Property Tax.  10. Name and Address of New	
	9. Name and Address of Curren	t Registered Agent	81 Nam	<del></del>	Registere i Agent
WEINSTEIN, ALAN				Kay Kussow	
500 N MAITLAND AVE STE 308			82 Stree	et Ad fress (P.O. Box Number is Not Accept	
MAITLAND FL 32751			83	1901 No-th 66th	TreeT
MICAI	EAND LE OE/O/		63		
			84 City	T.	FL 85 Zip Code 33/6/9
		1007 4500 EL . L OLL		12mpa	• •
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu es, 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 sulthorized by the corporation's board of cirectors. I hereby accept the appointment as registered					
agent. a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.		2/22/00
SIGNATURE		50W 900		te required when reinstating)	10/c/0/ 99
12.	Signature, typed or printed na ne of registered agei	II) DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE	President, Director Carlos C. Aquero	Change Addition
NAME	OSTER, IRVING	• •	12 NAME	Carlos C. Aquero	
STREET ADDRESS	1901 N. 66TH STREET		1.3 STREET ADDRES	186 NOVIL MICZAST.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Cranford, NJ 07016	}
TITLE	STD	DELETE	2.1 TITLE	VP Directiv	☑ Change ☐ Addition
NAME	OSTER, STEPHEN		2.2 NAME	michael J. Drum	·
STREET ADDRESS	1901 N 66TH ST		2.3 STREET ADDRES		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	Countered NJ 07016	
TITLE	D	DELETE	3.1 TITLE	V.P. Seet	Change
NAME ,	PAYNE, MARY LOU	·	3.2 NAME	Jeffred E. Levine	, ,
STREET ADOR! SS	1901 N 66TH STREET		3.3 STREET ADDRES		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP	Cranford NJ 07016	
TITLE		☐ DELETE	4,1 TITLE	12. Treasurer, Director	☐ Change ☐ Addition
NAME			4. 2 NAME	Eric W. Finleyson	
STREET ADDRESS			4.3 STREET ADDRES		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Granford NJ 07016	
TITLE		☐ DELETE	5.1 TITLE	110	Change Addition
NAME			5.2 NAME	Nalton Mann	
STREET ADDR ESS			5.3 STREET ADDRES	SS 186 North Ave. East	,
CITY-ST-ZIP		- <del></del>	5.4 CITY-ST-ZIP	Dalton Mann 186 North Ave. East Cranford, NJ 0701	6
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	)		62 NAME		}
CTDEET ADDRESS			6.3 STREET ADDRES	SS I	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify or 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 arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)

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