


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 018 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # 713692

1. Corporation Name

FLORIDA RECYCLERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1585
LAKELAND FL 33802
US

Mailing Address

P.O. BOX 1585
LAKELAND FL 33802
US

116035 90014 18 5 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. BOX 5567		26 P.O. BOX 5567		11/22/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2545102	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 TAMPA FL.		28 TAMPA, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 33675 25 U.S.		29 33675 30 U.S.A.			

9. Name and Address of Current Registered Agent

CAREY, STEVE
3330 E. MAIN ST.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	MATT GOLDMAN		
82 Street Address (P.O. Box Number is Not Acceptable)	2801 4th Ave.		
83			
84 City	TAMPA	85 Zip Code	33675

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **MATT GOLDMAN**

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

(NOTE: Registered Agent signature required when reinstating)

1/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, ERIC	1.2 NAME	LEIBOV, BERNARD
STREET ADDRESS	P.O. BOX 3065 N/A	1.3 STREET ADDRESS	1701 NW 31ST AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	ND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOV, BERNARD	2.2 NAME	CAREY, STEVE
STREET ADDRESS	1701 NW 31ST AVE.	2.3 STREET ADDRESS	3330 E. MAIN ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, STEVE	3.2 NAME	MATT GOLDMAN
STREET ADDRESS	3330 E. MAIN ST	3.3 STREET ADDRESS	2801 4th AVE
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	TAMPA, FL 33675
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 617, 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.

SIGNATURE: **MATT GOLDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

813-247-3619

Date

Daytime Phone #

CR2E037 (11/98)