


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # F0000001766
 1. Entity Name
FLORIDA RECYCLING SERVICES, INC.



FILED

04 JUN 17 PM 12:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
500038356055
 06/28/04--01064--017 **61.25



Principal Place of Business
 1099 MILLER DRIVE
 ALTAMONTE SPRINGS, FL 32701

Mailing Address
 1099 MILLER DRIVE
 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
1122 International Blvd.,
 Suite, Apt. #, etc.
601
 City & State
Burlington, Ontario
 Zip
L7L 6Z8
 Country
Canada

06142004 Chg-P CR2E034 (10/03)

4. FEI Number
36-4246742
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VIHLEN & SILLS, P.A.
ATTN: SIDNEY L. VIHLEN, III, PRESIDENT
1173 SPRING CENTRE SOUTH BLVD., SUITE C
ALTAMONTE SPRINGS, FL 32716

7. Name and Address of New Registered Agent
 Name
C.T. Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City
Plantation, FL Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Ann Laskowski*
ANN LASKOWSKI
Assistant Secretary
 DATE: **June 15, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Amended AR is \$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WARD, FRANK SR. 2401 SOUTH LAFLIN STREET CHICAGO, IL 60608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, FRANK JR. 2401 SOUTH LAFLIN STREET CHICAGO, IL 60608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARD, GEORGE M 2401 SOUTH LAFLIN STREET CHICAGO, IL 60608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARMODY, MATTHEW J 10644 SOUTH WESTERN AVENUE CHICAGO, IL 60643	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Henk, Larry D. 1122 International Blvd, Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Cairns, Ivan R. 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Rubin, Ronald L. 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Goebel, Brian A. 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Muter, Kirk 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGIONAL CONTROLLER May, Kevin 1122 International Blvd., Suite 601 Burlington, Ontario L7L 6Z8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivan R. Cairns*
Ivan R. Cairns, Vice President and Secretary 06/14/04 (905) 319-6048
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #