

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005083 (0)

1. Corporation Name

KW SYSTEMS AND RECYCLING INC.



Principal Place of Business

Mailing Address

3471 NW 19TH ST., #7  
LAUDERDALE LAKES FL 33311

3471 NW 19TH ST., #7  
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

09/26/1995

4. FEI Number

65-0527387

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

10. Name and Address of New Registered Agent

AUBEL, ROBERT  
3471 NW 19TH ST., BLDG 7  
LAUDERDALE LAKES FL 33311

*delete*

81. Name

DAVID AUBEL

82. Street Address (P.O. Box Number is Not Acceptable)

3471 NW 19TH ST.

83.

84. City

Ft. Lauderdale

FL

85. Zip Code

33311

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:

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

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VDC ☒ DELETE  
NAME AUBEL, DAVID  
STREET ADDRESS 1084 CORAL CLUB DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

1.1 TITLE President ☒ Change ☒ Addition  
1.2 NAME DAVID AUBEL  
1.3 STREET ADDRESS 3469 NW 19TH ST.  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE PDC ☒ DELETE  
NAME AUBEL, ROBERT  
STREET ADDRESS 1084 CORAL CLUB DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE Secretary ☐ Change ☒ Addition  
2.2 NAME Michelle Michalow  
2.3 STREET ADDRESS 3469 NW 19TH ST.  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE STD ☒ DELETE  
NAME AUBEL, MARY  
STREET ADDRESS 1084 CORAL CLUB DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

*David Aubel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

954-745-0280  
Daytime Phone #

CR2E034 (12/95)