SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005083 (0)

KW SYSTEMS AND RECYCLING INC.

FILED Sep 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						AAN OON BEID	ORIGI ODINI 196	
3471 NW 19TH ST., #7 3471 NW 19TH ST., #7								
LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311					DO NOT WOL	C IN THE O	0.4.05	
					DO NOT WRIT 3. Date Incorporated or Qualified		e of Last R	on ort
								ероп
2. Principal Place of Business					09/30/1994 4. FEI Number		01/1996_	plied For
21 358/ NW 196 St. 26 358/ NW 19				57	65-0527387			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<i>-</i>			\$8.75	
22 27					5. Certificate of Status Desired		Fee Re	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23 FORT LAUDERDALE /2A 28 FORT LAUDERL					Trust Fund Contribution		Added t	to Fees
Zip	County	2222 //	Coun	5A	8. This corporation owes or has p	P		
24 <i>333 </i>	9. Name and Address of Current	Positional Area	30 4	134	Personal Property Tax due June 10. Name and Address of New Re			∐ No
201		10. Name and Address of New A	agistered A	Jent				
DAVID AUBEL 81 Name								
3471 NW 19TH ST				32 Street Addr	ress (P.O. Box Number is Not Accepta	.ble)		
FT LAUDERDALE FL 33311					1800 1911 101			
ļ	4							
			E	Cily	Lauranause	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statu	ites, the abo	ove-named corp	poration submits this statement for the		ا changing it	s registered
office or r	egistered agent, or holh, in the State of	of Florida, Such change was	authorized	by the corporat	tion's board of directors. I hereby acce	pt the appo	intment as	registered
office or registered agont, or hoth, 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 an accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Office or registered agent, or hoth, 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 an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a complete agent								
SIGNATURE	Signature, typed or printed name of registered ages			Agent signature requir		DATE.		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TITLE	P	☐ DELETE	1.1 TITL	E		[Change	Addition
NAME	AUBEL, DAVID R		1.2 NAM	IE .				
STREET ADDRESS	3469 NW 19TH ST			EET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL			-ST-ZIP				
TITLE	S MOURALE MOUALOW	☐ DELETE	21 TITL)		ι	Change	Addition
NAME			2.2 NAM					
STREET ADDRESS	3469 NW 19TH ST			EET ADDRESS				
CITY-ST-ZIP TITLE				Y - ST - ZIP			Change	Addition
NAME			3.1 TITLU 3.2 NAM			·	vilalige	☐ \(\tau_000000\)
1			1	FFT ADDRESS				1
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP			4.1 TITE				Change	Addition
NAME	I		4. 2 NAM	I		•	Ba	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		DELETE	5.1 1/11				Change	Addition
NAME			5.2 NAM			_	•	_
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLI				Change	Addition
NAME			6.2 NAM	ye)				
STREET ADDRESS			63 STAE	EET ADDRESS				
.			6.4 CiTY	-SI-ZIP				

I do 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 type receiver or trustee compowered 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 9 i an attachment with an address.