

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F94000006182 (9)

1. Corporation Name

FLORIDA RECLAMATION, INC.

Principal Place of Business

939 ALLAMANDA DR
DELRAY BEACH FL 33483

Mailing Address

939 ALLAMANDA DR
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

4. FEI Number

APPLIED FOR

65-0546281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3908 Ocean Blvd

Suite, Apt. #, etc.

22 1124

City & State

23 Highland Beach

Zip

24 33487

Country

25 USA

2a. Mailing Address

26 3908 Ocean Blvd

Suite, Apt. #, etc.

27 1124

City & State

28 Highland Beach

Zip

29 33487

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

82 PATRICK ROSELLI

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

84 3908 Ocean Blvd

85

86 1124

87 Highland Beach

FL

88 Zip Code

89 33487

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

Patrick Roselli

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 6/19/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
ROSELLI, PATRICK J
939 ALLAMANDA DR
DELRAY BEACH FL 33483

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Patrick Roselli
3908 Ocean Blvd. 1124
Highland Beach FL 33487

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

Change Addition

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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 110.07(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, unchanged, or, if changed, attached with an address.

SIGNATURE:

Patrick Roselli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/19/95 407
243-9915

Daytime Phone #

CR2E034 (3/95)