

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001927 (9)**

1. Corporation Name

ALUMINUM RECYCLING CORPORATION

Principal Place of Business

**133 REDOUBT RD.
GRAFTON VA 23692**

Mailing Address

**133 REDOUBT RD.
GRAFTON VA 23692**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 21218 ST ANDREWS BLVD Suite, Apt. #, etc.	26 21218 ST ANDREWS BLVD Suite, Apt. #, etc.
22 SUITE 219 City & State	27 SUITE 219 City & State
23 BOCA RATON, FL City & State	28 BOCA RATON, FL City & State
24 33433 25 US Zip Country	29 33433 30 US Zip Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/14/1997	54-1755206	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ Signature, type or printed name of registered agent, if applicable. (Both Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	WHITE, GREGORY G.	12 NAME	WHITE, GREGORY G.
STREET ADDRESS	133 REDOUBT RD.	13 STREET ADDRESS	21218 ST ANDREWS BLVD, SUITE
CITY-ST-ZIP	GRAFTON VA 23692	14 CITY-ST-ZIP	BOCA RATON, FL 33433 219
TITLE	VSTD	21 TITLE	VSTD
NAME	MALMROSE, JOHN H.	22 NAME	MALMROSE, JOHN H.
STREET ADDRESS	133 REDOUBT RD.	23 STREET ADDRESS	21218 ST ANDREWS BLVD, SUITE
CITY-ST-ZIP	GRAFTON VA 23692	24 CITY-ST-ZIP	BOCA RATON, FL 33433 219
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)