

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90190 005 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000002522**

1. Corporation Name  
**FLORIDA RECYCLING SERVICES, INC.**



Principal Place of Business Mailing Address  
 925 S. CLYDE MORRIS BLVD. 925 S. CLYDE MORRIS BLVD.  
 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**05/06/1997**  
 4. FEI Number Applied For  
**65-0735186** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**Vihlen**  
~~VHILEEN, SID III~~ Centre  
 1173 ~~SPRING CENTER SOUTH~~ BLVD.  
 STE. C  
 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, FRANK M SR	1.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, GEORGE	2.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, FRANK JR	3.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHORPASH, MICHAEL	4.2 NAME	
STREET ADDRESS	2401 SO LAFLIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vihlen, Sidney L. III	5.2 NAME	
STREET ADDRESS	1173 Spring Centre So. Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs FL 32714	5.4 CITY-ST-ZIP	
TITLE	Altamonte Springs FL 32714 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_

CR2E034-1119R1