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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 21 AM 9:37

DOCUMENT # G57157 (1)

1. Corporation Name
REUTER RECYCLING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
410 11 AVE SOUTH HOPKINS MN 55343	410 11 AVE SOUTH HOPKINS MN 55343

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1983
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 20701 Pembroke Road
22: Suite, Apt. #, etc.
23: City & State: Pembroke Pines, Florida
24: Zip: 33029
25: Country: USA

2a. Mailing Address
26: P.O. Box 821238
27: Suite, Apt. #, etc.
28: City & State: South Florida, Florida
29: Zip: 33082-1238
30: Country: USA

4. FEI Number: 59-2376090 ☐ 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

PENDLETON, DAVE
20701 PEMBROKE RD
PEMBROKE PINES FL 33029

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: Dave Pendleton 2-10-95
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/S/D/C/T	☒ Change ☐ Addition
NAME	TAYLOR, JAMES W	12 NAME	TAYLOR, JAMES W	
STREET ADDRESS	410 11 AVE S	13 STREET ADDRESS	410 11th Avenue S.	
CITY-ST-ZIP	HOPKINS MN	14 CITY-ST-ZIP	Hopkins, MN 55343	
TITLE	SDCF	21 TITLE		☒ Change ☐ Addition
NAME	BHIMANI, ANWAR H	22 NAME	Resigned 3/11/94	
STREET ADDRESS	410 11 AVE S	23 STREET ADDRESS		
CITY-ST-ZIP	HOPKINS MN	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V/D	☒ Change ☐ Addition
NAME	PENDLETON, DAVE	32 NAME	PENDLETON, DAVE	
STREET ADDRESS	20701 PEMBROKE RD	33 STREET ADDRESS	20701 Pembroke Road	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	STREIT, MATTHEW G.	
STREET ADDRESS		43 STREET ADDRESS	11261 S.W. 144th Avenue	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33186	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is complete and accurate. 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 added to the report with an address.

SIGNATURE: Dave Pendleton DAVE PENDLETON 2-10-95 305-436-9500
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone

0407273 FP