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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90053 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H05475

	SCRAP PROCESSORS, INC.			
				I TRAINIT BUT BAIN BUT BUT BAIN BUT
Principal Plac	e of Business	Mailing Address		
4050 MARITIME TAMPA FL 336		4050 MARITIME BLVD. TAMPA FL 33605-3848		
	•			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 05/29/1984
2. Principal P	Place of Business	2a. Mailing Address	•	4. FEI Number Applied For
21		26		59-2437047 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Face Required
City & Star	le	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
	11 St. 28 1 St. 28		81 Name	е
	KIN, MAX M.		82 Stree	et Address (P.O. Box Number is Not Acceptable)
	MARITIME BLVD	•		gray the series of the control of the series of the control of the series of the control of the series of the seri
IAN	IPA 33605-3848		83	(本) (日本) (日本) (日本) (日本) (日本) (日本) (日本) (
		•	84 City	85 Zip Code
<u> </u>		1007 1500 51 11 0		FL 15
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute FFlorida. Such change was au	s, the above-named thorized by the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	
signature			da Statutes.	
S1 .	Im familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if appticable. (NOTE: I	da Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if appticable. (NOTE: I	da Statutes. Registered Agent signature	e required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	da Statutes. Registered Agent signature 13.	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD ZALKIN, MAX M. 4050 MARITIME BLVD	and title if applicable. (NOTE: I	da Statutes. Registered Agent signature 13. 1.1 TITLE	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD ZALKIN, MAX M. 4050 MARITIME BLVD TAMPA FL	and title if applicable. (NOTE: I	Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
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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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

TAMPA FI

NAME

CITY-ST-ZIP