
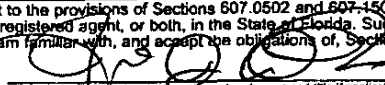


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K11727 1. Corporation Name CENTRAL RECYCLING, INC.			
Principal Place of Business % JAWDET I. RUBAI 1345 S MISSOURI AVE #215 CLEARWATER FL 34616		Mailing Address % JAWDET I. RUBAI 1345 S MISSOURI AVE #215 CLEARWATER FL 34616	
2. Principal Place of Business 21 15122 63RD ST. N. Suite, Apt. #, etc. 22 City & State 23 CLEARWATER FL. Zip Country 24 33760 25 Pinellas		2a. Mailing Address 26 15122-63rd St. N. Suite, Apt. #, etc. 27 City & State 28 CLEARWATER FL. Zip Country 29 33760 30 Pinellas	
9. Name and Address of Current Registered Agent RUBAI, JAWDET I. 1345 S MISSOURI AVE SUITE 215 CLEARWATER FL 34616		10. Name and Address of New Registered Agent 81 Name JAWDET I. RUBAI PA. 82 Street Address (P.O. Box Number is Not Acceptable) 1358 S. Missouri Ave. 83 84 City CLEARWATER FL 85 Zip Code 33756	
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  DATE 4/27/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME DEVIVO, JERRY STREET ADDRESS 15122 63RD ST. NO. CITY-ST-ZIP CLEARWATER FL 33760		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Pres. 2-10-99 727-530-5096
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2ED34 (11/98)