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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		Secreta	3. Mortham iry of State CORPORATIONS	Secretary of State		
ABC AU	MENT # K5966 TO SALVAGE & RECYCL TO Of Business					
2221 5TH AVE SOUTH 2221 5TH AVE SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 3		2-1258	1258			
				3- Date Incorporated or Qualified 01/17/1989	3a. Date of Last Report 03/25/1996	
	face of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt	# elc	26 Suite, Apt. #, etc.		59-2926684	Not Applicable \$8.75 Additional	
22	11, 007	27		5. Certificate of Status Desired	Fee Required	
Gity & Stut	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z(j)	Country 25	Ζφ 29	Country 30		Yes No	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
GLOWATSKY, DAVID			oi Name			
20041 GULF BLVD			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
INDIAN SHORES FL 33712			83			
			84 City		Ja-1 7: 0: 4	
			84 City		FL 85 Zip Code	
11. Pursuant office or l agent 1 a	to the provisions of Sections 607 registored agent or both, in the 5 am familiar with land accept the c	.0502 and 607.1508, Florida Statu state of Florida. Such change was obligations of Section 607.0505, F	les, the above-named of authorized by the corpororida Statutes.	orporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered	
	Provident hypothery contribute of projecting		IE Registered Agent signature re		DATE	
12.	OFFICERS T •	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition	
TITLE NAME	CLOMFORA DYNU	ריין מנרכונ	1.1 TITLE 1.2 NAME		Cuange (Audition)	
STRÉLLALDIGESS	GLOWASKY, DAVID 5035 32ND AVE N.		1.3 STREET ADDRESS			
City -St - ZP	ST. PETERSBURG FL.		1.4 CITY-ST-ZIP			
HILE	/	☐ DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS.	/		2.3 STREET ADDRESS			
CHY-SE-7IP		Dougte	2.4 CITY-\$T-ZIP		D Observe D A 100	
IIIII I		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS		ĺ	
CHY ST-ZIF	· ·		3.4 CITY-ST-ZIP			
Tilké		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADURESS			4.3 STREET ADDRESS			
011Y-51-26		T DELL'E	4.4 CITY - ST - ZIP	the state of the s	Chorns III.	
TillE		DELETE	51 TITLE		Change Addition	
NAME STREET ADDRESSS			5.2 NAME 5.3 STREET ADDRESS			
Ciffy ST 7at			5.3 STREET ADDRESS			
1011		DELETE	6.1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY ST ZIP			6.4 CITY - ST - ZIP			

14. I do 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 1/2

SIGNATURE:

FILED

Mar 18 1997 8:00am