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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L12324				V2-17-1333 30004 004	130.00
1. Corporation Name					
AIRPORT RECYCLING SPECIALISTS, INC.				((30)(3)) (3)) ((3)0 ((3)0)((3) ((3)0)(3)	t Rikki Alacs Ciall Alaki Alaki 1841
Principal Plac	ce of Business	Mailing Address			
•	YCLING SPECIALIST, INC	% DONALD J. DUERR			
3551 SW 2ND AVE 731 N.W. 93RD AVENUE				, DO NOT MIDITE IN THE	
FT. LAUDERDALE FL 33315 PEMBROKE PINES FL 33024- US			-6332	DO NOT WRITE IN THI	IS SPACE
US				3. Date Incorporated or Qualifed . 08/30/1989	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26		— ·		65-0139678	. Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				5: Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23			0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year to	ntangible ⊠Yes □No
24	9. Name and Address of Currer		30	Personal Property Tax. 10. Name and Address of New Registered	
		it Hogiotolow riga	81 Name	190	u 11g
	rr, donald J.		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	N.W. 93RD AVENUE		02 Sileet Aut	Iress (P.O. Box Number is Not Acceptable)	e Programme of the second of the state of the second of th
PEMBROKE PINES FL 33024			83		A BOAR WAR
			84 City		85 Zip Code
84				F	<u>L </u>
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 register 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					
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R ND DIRECTORS	Registered Agent signature requirement 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	MID DIRECTORS IN 12
TITLE	P	DELETE	1.1 TMLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DUERR, DONALD J.		1.2 NAME	100 m − 100 m	. .
STREET ADDRESS	TOU AND COOD AND	* •	1.3 STREET ADDRESS	·	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DUERR, CAROLE A.	•	2.2 NAME		
STREET ADDRESS	731 NW 93RD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-ST-ZIP		
TITLE	V DATE A	DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME	DUERR, DAVID A.		3.2 NAME		,
STREET ADDRESS	l . •		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME			4.1 MLE 4.2 NAME		- [Unalige Distriction
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	,	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		<u>:</u>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	•	•
STREET ADDRESS	•		6.3 STREET ADDRESS	-	,

14. I hereby certify that the information supplied with this filing does not gualify 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 in 110 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State