

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90075 004 ***150.00

DOCUMENT #

L31221

1. Corporation Name

Kimmins Recycling Corporation

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

21. Principal Place of Business 1001 Fannin Suite, Apt. #, etc. Suite 4000 City & State Houston, TX Zip 77002	22. Mailing Address 1001 Fannin Suite, Apt. #, etc. Suite 4000 City & State Houston, TX Zip 77002	4. FEI Number 59-2984276 Applied For Not Applicable
23. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	25. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Matthews, Jr.	1.2 NAME	
STREET ADDRESS	1001 Fannin Suite 4000 Houston TX	1.3 STREET ADDRESS	
CITY-ST-ZIP	77002	1.4 CITY-ST-ZIP	
TITLE	S.V.P. & Sec. Sole Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory T. Sangalis	2.2 NAME	
STREET ADDRESS	1001 Fannin Suite 4000 Houston TX	2.3 STREET ADDRESS	
CITY-ST-ZIP	77002	2.4 CITY-ST-ZIP	
TITLE	V.P. & Asst. Sec. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan Blankfield	3.2 NAME	
STREET ADDRESS	1001 Fannin Suite 4000 Houston TX	3.3 STREET ADDRESS	
CITY-ST-ZIP	77002	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Jones	4.2 NAME	
STREET ADDRESS	1001 Fannin Suite 4000 Houston TX	4.3 STREET ADDRESS	
CITY-ST-ZIP	77002	4.4 CITY-ST-ZIP	
TITLE	V.P. & Asst. Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey A. Draper	5.2 NAME	
STREET ADDRESS	1001 Fannin Suite 4000 Houston TX	5.3 STREET ADDRESS	
CITY-ST-ZIP	77002	5.4 CITY-ST-ZIP	
TITLE	Asst. Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee McCormick	6.2 NAME	
STREET ADDRESS	1001 Fannin Suite 4000 Houston TX	6.3 STREET ADDRESS	
CITY-ST-ZIP	77002	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan J. Blankfield
Vice President & Assistant Secretary

4/6/1999

713/512-6200

Date

Daytime Phone #