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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L46008 (3)

1. Corporation Name

THE RECYCLING REVOLUTION COMPANY, A FULL CIRCLE
RECYCLING STORE, INC.

Principal Place of Business

C/O DAVID DEE
1354 N.E. 163RD STREET
N. MIAMI BEACH FL 33162

Mailing Address

C/O DAVID DEE
1354 N.E. 163RD STREET
N. MIAMI BEACH FL 33162

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/25/1990 3a. Date of Last Report 09/01/1994

4. FEI Number 65-0170247 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for a minimum fee under C. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 9541 TROPICAL PK. PLC. 26 9541 TROPICAL PK. PLC.

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 BOCA RATON, FL 28 BOCA RATON, FL

Zip Code Zip Code
24 33428-3154 25 USA 29 33428-3154 30 USA

8. Name and Address of Current Registered Agent

DEE, DAVID
1354 N.E. 163RD STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9541 TROPICAL PK. PLC.
83
84 City BOCA RATON FL 85 Zip Code 33428

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 607.0505, Florida Statutes.

SIGNATURE

David Dee DAVID DEE, C.E.O.

7-14-95

(Signature of registered agent or authorized officer of corporation)

(NOTE: Registered Agent signature required when incorporating)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE PD
NAME MENDELSON-DEE, RYBYN
STREET ADDRESS 1354 NE 163RD STREET
CITY, ST, ZIP N. MIAMI BEACH FL

2. TITLE D
NAME MENDELSON, BARBARA
STREET ADDRESS 1354 NE 163RD STREET
CITY, ST, ZIP N. MIAMI BEACH FL

3. TITLE CEO
NAME DEE, DAVID
STREET ADDRESS 1354 NE 163RD ST.
CITY, ST, ZIP N. MIAMI BEACH FL 33162

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MENDELSON-DEE, RYBYN
1.3 STREET ADDRESS 9541 TROPICAL PK. PLC.
1.4 CITY, ST, ZIP BOCA RATON, FL, 33428-3154

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MENDELSON, BARBARA
2.3 STREET ADDRESS 9541 TROPICAL PK. PLC.
2.4 CITY, ST, ZIP BOCA RATON, FL, 33428-3154

3.1 TITLE CEO ☒ Change ☐ Addition
3.2 NAME DEE, DAVID
3.3 STREET ADDRESS 9541 TROPICAL PK. PLC.
3.4 CITY, ST, ZIP BOCA RATON, FL, 33428-3154

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

David Dee DAVID DEE, C.E.O.

7-14-95

407-483-9674

(Signature and typed name of signing officer or director)

(Date)

(Typed Phone #)