

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

**9541 TROPICAL PARK PL
1354 N.E. 163RD STREET
BOCA RATON FL 33428-3154
US**

**9541 TROPICAL PARK PL
1354 N.E. 163RD STREET
BOCA RATON FL 33428-3154
US**



3. Date Incorporated or Qualified

01/25/1990

3a. Date of Last Report

08/07/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEE, DAVID
9541 TROPICAL PARK PL
BOCA RATON FL 33428**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

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

(If both Registered Agent and Signatory required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MEMDELSON-DEE, RYBYN**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

11. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MENDELSON, BARBARA**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

12. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CEO
DEE, DAVID**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

21. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MENDELSON, BARBARA**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

22. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CEO
DEE, DAVID**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

23. STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MENDELSON, BARBARA**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

24. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MENDELSON, BARBARA**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

31. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MENDELSON, BARBARA**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

32. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MENDELSON, BARBARA**
STREET ADDRESS **9541 TROPICAL PARK PL**
CITY - ST - ZIP **BOCA RATON FL**

33. STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: **DAVID DEE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-96

401-483-9674

CR2E034 (3/96)