

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 03 1997 8:00am
Secretary of State

DOCUMENT # L46008 (3)
1. Corporation Name
THE RECYCLING REVOLUTION COMPANY, A FULL CIRCLE
RECYCLING STORE, INC.

Principal Place of Business

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

Mailing Address

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
06/12/1996

2. Principal Place of Business

21 9541 TROPICAL PK. PLC.

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON, FL

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 9541 TROPICAL PK. PLC.

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL

Zip

29 33428

Country

30 USA

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

DEE, DAVID
9541 TROPICAL PARK PL
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

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 title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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.

SIGNATURE David Dee DAVID DEE 5-18-97 9541-493-9674

CFR2034 (9/96)