

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L59659** (7)

1. Corporation Name
WASTECYCLE CORPORATION



Principal Place of Business

**C/O WILLIAM CARSON
3524 TWISTED OAK COURT
LAKE WALES FL 33853**

Mailing Address

**C/O WILLIAM CARSON
3524 TWISTED OAK COURT
LAKE WALES FL 33853**

3. Date Incorporated or Qualified **03/20/1990** 3a. Date of Last Report **01/13/1995**

4. FEI Number **59-3047225** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29

30

9. Name and Address of Current Registered Agent

**CARSON, WILLIAM
3524 TWISTED OAK COURT
LAKE WALES FL 33853**

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 607.0102 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 607.0105, Florida Statutes.

SIGNATURE

William Carson

OFFICERS AND DIRECTORS

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D CARSON, WILLIAM**
STREET ADDRESS **3524 TWISTED OAK COURT**
CITY-ST-ZIP **LAKE WALES FL**

1. TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE Change Addition

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18. TITLE Change Addition

19. TITLE Change Addition

20. TITLE Change Addition

SIGNATURE:

William Carson *William Carson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

DATE

CR2E034 (12/95)