

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 # L66578 (0)

1. Corporation Name

TELECOM RECYCLERS, INC.



Principal Place of Business

4400 N. FED. HWY.  
SUITE 407  
BOCA RATON FL 33431

Mailing Address

4400 N. FED. HWY.  
SUITE 407  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
04/19/1990

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

21 1205 S.W. 4 Ave

2a. Mailing Address

26 1205 S.W. 4 Ave

4. FEI Number

65-0190896

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

23 DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

24 33444

Zip

29 33444

Country

30

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

BENTER, JAY E

4400 NO FEDERAL HWY 1205 SW 4 Ave  
STE 407  
BOCA RATON FL 33431 DELRAY BEACH, FL 33444

NEW ADDRESS

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 the applicant

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME BENTER, JAY  
STREET ADDRESS 2234 N. FED. HWY #500  
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME GHASI, MARK M.  
STREET ADDRESS 14 S. CLINTON CT.  
CITY-ST-ZIP PALM COAST FL

TITLE D S ☐ DELETE

NAME BENTER, PHILIP  
STREET ADDRESS 13777 KAISER TRAIL  
CITY-ST-ZIP DELRAY BEACH 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

6 1 TITLE

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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY BENTER

Date

2/21/96

Daytime Phone #

407 272 4005

CR2E034 (12/95)