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

CORPCRATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

L71375

(4)

HI-RISE RECYCLING SYSTEMS, INC.

Mailing Address

Principal Place of Business

FILED Apr 26 1996 8:00 am Secretary of State



162255 NW 54 AVE MIAMI BEACH FL 3314 US			16255 NW 54 AVE Miami Beach Fl 33014 US								
						3.	Date incorporated o 05/09/1990	r Qualified	3a. Date o	f Last F /01/1	
			. Mailing Address			4.	FEI Number				Applied For
21 Contract of the contract of				L- <u>_</u>			65-022293	3			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of Status	Desired			Additional
City & State			City & State						L	Fee	Required
23						Election Campaign F Trust Fund Contribut	-			May Be	
Zip		untry 28	Zip	Country			This corporation has		ntangible tay i		d to Fees
24				30	6 Florida Stat				□ No	arituo: S	199.002,
	9. Name and Ad	ddress of Current Regi	stored Agent			10.	Name and Addres	s of New R	egistered Ag	ent	
MADIC	0.14117710			ľ	Name						
MARK D. SHANTZIS				į,	Street A	Address (P.C	D. Box Number is No	t Acceptab	le)		
16255 NW 54 AVE MIAMI FL 33014								<u> </u>	·		
MIMMI	FL 33014				33						
				1	34 City			· · · · · · · · · · · · · · · · · · ·			p Code
11. Pursuant to or registere familiar with	o the provisions of S ad agent, or both, in and accept the ol	Sections 607,0502 and 6 the State of Florida. Suc bligations of, Section 607	07.1508, Florida Statute ch change was authorize 7.0505, Florida Statutes	es, the above	e-named co prporation's	rporation su board of dire	bmits this statement ectors. I hereby acce	for the purp pt the appo	pose of chang pintment as re	ing its r gistered	egistered office agent. I am
SIGNATURE		-	,	•							
	algnature typed or printed r	name of registered agent and title i		TE: Registered A	gent signatura re	quired when rein	statingl		DATE		
12.	- к	OFFICERS AND DIRE		13.			DDITIONS/CHANGE				RS IN 12
NAME	SHANTZIS, M	IARK D	□ DELETE	1. 1 TIT		Ira	Vocity -	~ Ou o	ctor 🗆 '	Change	Addition
STREET ADDRESS		IS AVE., #20-D		1.2 NAM		1625	ママとは下	A.co	• .		
CITY-ST-ZIP	MAMI BEACH	•			EET ADDRESS		~; FU 331				
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NAME	ADELSON, W	/ARREN	Detect	2.2 NAM		7,06/	J NW 2402	-DX6	℃}v∕ '⊔'	nange	Addition Addition
STREET ADDRESS	1 6 255 NW 54			1	ET ADDRESS	1652	こ いかんしゅん	- Ave			
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NAME	firiedman, d	DIVAC		3.2 NAM	ŧ l	くとう	•		·	, i.e. igo	C) Addition
STREET ADDRESS	16255 NW 54	AVE		1	EET ADDRESS	77.54	NM 24th	Ave			
D-TY-S1-ZIP	MIAMI FL				- ST- ZIP	Mi or	, FC 3	DOIH			
TITLE	VP		DELETE	4. 1 TITL			.,	~ 1 1		hange	Addition
NAME	BLANK, BYRO		•	4 2 NAM	E				_	•	_
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CITY-S1-ZIP	MIAMI FL			4 4 CITY	-ST-ZIP						
THILE	()	••	☐ DELETE	5 1 TITL	F					hange	Addition
NAME	HACKER, BRA			5 2 NAM	€ }						
STREE1 ADDRESS	16255 NW 54	AVE		5.3 STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL			5 4 CITY							
THILE			□ DELETE	6 1 TITL						hange	☐ Addition
NAME				6.2 NAM	.]
STREET ADDRESS		~		6.3 STRE	ET ADDRESS						1
CITY-ST-ZIP	cortify that the infor	mation supplied with the	\	6.4 CITY	ST-ZIP						

I do hereby certify that the information supplied with this ling 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 anglet report by 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 complatation or the regiever of 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 of an attachment with an address.

SIGNATURE: