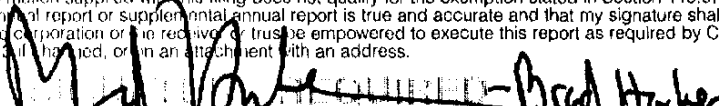


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L71375 (4)			
1. Corporation Name HI-RISE RECYCLING SYSTEMS, INC.			
Principal Place of Business 162255 NW 54 AVE MIAMI BEACH FL 33014 US		Mailing Address 16255 NW 54 AVE MIAMI BEACH FL 33014-6106 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/09/1990		3a. Date of Last Report 04/26/1996	
4. FEI Number 65-0222933		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 MARK D. SHANTZIS 16255 NW 54 AVE MIAMI FL 33014		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHANTZIS, MARK D	1.2 NAME	
STREET ADDRESS	6061 COLLINS AVE., #20-D	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADELSON, WARREN	2.2 NAME	
STREET ADDRESS	16255 NW 54 AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MERRITT, IRA	3.2 NAME	
STREET ADDRESS	16255 NW 54TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PASLOW, JOEL	4.2 NAME	
STREET ADDRESS	16255 NW 54TH AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HACKER, BRAD	5.2 NAME	
STREET ADDRESS	16255 NW 54 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	CEO ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, DON	6.2 NAME	
STREET ADDRESS	16255 NW 54TH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 named, or in an attachment with an address.			
SIGNATURE:  Brad Hacker 3/31/97 (605)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

CR2E034 (9/96)

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