SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
~~16255 NW 54 AVE~~ ~~MIAMI BEACH FL 33014~~ US	~~16255 NW 54 AVE~~ ~~MIAMI BEACH FL 33014~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1990

2. Principal Place of Business	2a. Mailing Address
21 8505 NW 74TH ST	26 8505 NW 74TH ST
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip 24 33166 Country 25 US	Zip 29 33166 Country 30 US

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARK D. SHANTZIS 16255 NW 54 AVE MIAMI FL 33014	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	

CR2E034 (5/98)

14. I 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: