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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

L72075

(9)

ECH RECYCLING, INC.



Principal Place o		Mailina Addrage						
A CARETTE		Mailing Address  * 8ABETTE L. FLET	CHER					
	E L. FLETCHER HPOINT OR S., STE 310	6622 SOUTHPOINT D	R S. STE 31	0				
	LLE FL 32216-6188	JACKSONVILLE FL 3	2216-6188		3. Date Incorporated or Qualified 05/09/1990	3a. Date	of Last R 05/01/1	eport <b>995</b>
		2a. Mailing Address			4. FE! Number		T	Applied For
2. Principal Plac	ce of Business				59-3022129			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired		<b>T</b> - · · · -	Additional Required
2		City & State			6. Election Campaign Financing		\$5.0	O May Be
City & State		26			Trust Fund Contribution			d to Fees
23 ]	Country	Zip	Country		8. This corporation has fiability for	intangible ta	ex under s	199.032,
Zip 24	25	29	30			s 🗌 No		
41	9. Name and Address of Currer				10. Name and Address of New I	Registered	Agent	·-···
			81	Name				
FLETC	HER, BABETTE L.		82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
	NDEPENDENT DRIVE							
STE 20			83	<b>S</b>				
JACKS	SONVILLE FL 32202		84	1		FL	_	p Code
		0 I 007 IE00 Florido Ctotudo	o the shows	named como	ration submits this statement for the pu	urpose of ch	anging its	registered offic
11. Pursuant to	o the provisions of Sections 607,050; ad agent, or both, in the State of Flor	z and 607,1508, Fiorida Statute ida. Such change was auth <b>oriz</b> i	ed by the cor	poration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	pointment as	registered	d agent. I am
familiar with	ed agent, or both, ill the state of Flor h, and accept the obligations of, Sec	tion 607,0505, Florida Statu <b>te</b> s						
SIGNATURE:	The second secon		Of Therefore and Am	set cleant as ear is		DATE		
	Signature, typed or printed name of registered agor	) and title if applicable. INC						
				er Calg tattine :aquire	ed when reinstating)  ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
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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). Forioa Statutes. Further that I have the same legal effect as if made under 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 certify that I am an officer or director of the corporation or the receiver or to stee 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

ALANA B TECHTHI

1/4/96 (904) 296-2800

Daytime Phone I