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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L72075 (9)

1. Corporation Name
ECH RECYCLING, INC.



Principal Place of Business % BABETTE L. FLETCHER 6622 SOUTHPOINT DR S., STE 310 JACKSONVILLE FL 32216-6188	Mailing Address % BABETTE L. FLETCHER 6622 SOUTHPOINT DR S., STE 310 JACKSONVILLE FL 32216-6188
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3. Date Incorporated or Qualified 05/09/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3022129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**FLETCHER, BABETTE L.
ONE INDEPENDENT DRIVE
STE 2000
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstalling.)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ARCAINI, GIOVANNI B.	
STREET ADDRESS	7889 HUNTERS GROVE RD	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GIBBES, WILLIAM R.	
STREET ADDRESS	1428 INDIAN WOODS DRIVE	
CITY - ST - ZIP	NEPTUNE BEACH FL 32268	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLETCHER, BABETTE L.	
STREET ADDRESS	5020 YACHT CLUB RD	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, G STEPHEN	
STREET ADDRESS	12163 TWAIN OAKS LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 changed, or on an attachment with an address.

SIGNATURE: WILLIAM R. GIBBES **REQUIRE GIBBES** 4/28/97 (904) 296-2800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)