


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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L72075 (9)**  
1. Corporation Name  
**ECH RECYCLING, INC.**



Principal Place of Business <b>% BABETTE L. FLETCHER 6822 SOUTHPOINT DR S., STE 310 JACKSONVILLE FL 32216-6188</b>	Mailing Address <b>% BABETTE L. FLETCHER 6822 SOUTHPOINT DR S., STE 310 JACKSONVILLE FL 32216-6188</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>05/09/1990</b>	
<b>4.</b> FEI Number <b>59-3022129</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name <b>Fletcher, Babette L.</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>50 N. Laura St. Ste.3900</b>
<b>83</b>
<b>84</b> City <b>Jacksonville</b> <b>FL</b> <b>85</b> Zip Code <b>32202</b>

**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 Babette L. Fletcher **Babette L. Fletcher** **3/28/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>ARCAINI, GIOVANNI B.</b>	
STREET ADDRESS	<b>7889 HUNTERS GROVE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBBES, WILLIAM R.</b>	
STREET ADDRESS	<b>1428 INDIAN WOODS DRIVE</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL 32286</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FLETCHER, BABETTE L.</b>	
STREET ADDRESS	<b>5020 YACHT CLUB RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANNING, G STEPHEN</b>	
STREET ADDRESS	<b>12163 TWAIN OAKS LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**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: William R. Gibbes **William R. Gibbes** **3/27/98** **(904) 296-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0035741**

CR2E034 (10/97)