FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS L81166 (5)DOCUMENT # BEACHES RECYCLING CENTER, INC. Principal Place of Business Mailing Address *_ROBERT J **SMICHELLE FENNICK** ENNICK 25 W 6 STA 25 W SIXTH STREET **BEACH FL 32233** ATLANTIC BEACH FL 32233 ATLANTIQ 3. Date Incorporated or Qualified 3a. Date of Last Repo 06/14/1990 02/21/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3016715 26 Not Applicable Suite, Apt. #. etc. Surte, Apt. #, €to \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199,032, 25 Florida Statutes Yes 🔲 No 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi Name FENNICK, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 62 25 W SIXTH STREET ATLANTIC BEACH FL 32233 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE the Hr. Registered Again signature Signature, typed or printed came of registered agent and the it as we ask OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1 1 THE Addit ar FENNICK, MICHELLE L. 1.2 NAME 25 WEST 6TH ST. 1.3 STREET ADDRESS ATLANTIC BEACH FL 14 Cily S1 ZiP DELETE 2.11/04 Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP DECETE 3 4 1/101 ☐ Change Addition 3.2 NAME

12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.3 STHE LADDRESS CITY - ST - ZIP 3.4.011Y - 51 - 7IF DEILETE TITLE 4.1 10114 Change Addition NAME 4.2.5AME STREET ADDRESS 4.3 STHEET ADDRESS City - ST - ZIP 4.4 CHY+SE Z0 DELETE TITLE 5 1 11118 ☐ Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREEF ADDRESS CITY - ST - ZIP 5.4 C(TY - 31 - Z(F) TITLE DELETE 6 1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STR9FT ADDRESS 6.4.041Y - 31. **Z**IE

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). 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,

SIGNATURE:

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NTEO NAME OF SIGNING OFFICER OR DIRECTOR

4-74-96 901246758

CR2E034 (12/95)