CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L89900 (9)

1. Corporation Name
AAA RECYCLING, INC.

Principal Place of Business	Mailing Address
6399 142ND AVENUE NORTH UNIT 108 CLEARWATER FL 34620	6399 142ND AVENUE NORTH UNIT 108 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 % STANLEY TOOL+DIE MFG.	26 % STANLEY TOOL+DIE MFG
Suite, Apt. #, etc. 22 6899 142nd AVE N. UNIT 108	Suite, Apt. #, etc. 27 6899 142 nd AVE. N. UNIT 108
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip / Country 24 34620 / 25 PINELLAS	Zip / Country 29 34620 / 30 PINELLAS

4. FEI Number: 59-3024444 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BROIDA, JOEL D.
BROIDA & NAPIER P.A.
605 75TH AVENUE
ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

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	11 TITLE	D	☑ Change ☐ Addition
NAME	MIRAGE, LEWIS J.	12 NAME	LEWIS J. MIRAGE	
STREET ADDRESS	800 COVE CAY #6D	13 STREET ADDRESS	2211 HAMPSTEAD COURT	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	HOFF, DAVID	22 NAME	DAVID HOFF	
STREET ADDRESS	#6 GINGERWOOD ESTATES	23 STREET ADDRESS	2015 GOLF COURSE VIEW DRIVE	
CITY-ST-ZIP	EDWARDSVILLE IL	24 CITY-ST-ZIP	EDWARDSVILLE, IL 62025	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	BAHR, JEFFREY	32 NAME	JEFFREY BAHR	
STREET ADDRESS	6048 CELSE MANOR COURT	33 STREET ADDRESS	4680 WHITE ROCK CIRCLE	
CITY-ST-ZIP	BOULDER CO	34 CITY-ST-ZIP	BOULDER, CO 80301	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Lewis J. Mirage LEWIS J. MIRAGE 5/31/96 813-531-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057368 CP