


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -5 PM 3:49 TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L9600000747			
1. Name and Mailing Address of Limited Liability Company BROMLEY PALLET RECYCLERS OF FT. MYERS, L. C. 6115 IDLEWILD ST. FT. MYERS FL 33912		1a. Principal Place of Business Address 6115 IDLEWILD ST. FT. MYERS FL 33912			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address <i>8006 E. SLIGH AVE.</i> Suite, Apt. #, etc. City & State <i>TAMPA FL</i> Zip Country <i>33610 HILLSBOROUGH</i>		3. Date Organized or Qualified 07/15/1996 4. FEI Number 65-0681250 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/29/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent GROENE, DELBERT 8006 EAST SLIGH AVENUE TAMPA FL 33610			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	GROENE, DELBERT	8006 EAST SLIGH AVENUE		TAMPA FL 33610	
MGR	HAINES, WILLIAM	120 FIFTH AVENUE		NEW YORK NY 10012	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Delbert T. Groene</i>			<i>4/30/99 813.021 0063</i>		