

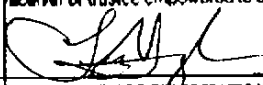
03/08/1999 09:12

4077994682

NANTEX RECYCLING LLC

PAGE 01

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 MAR 23 PM 5:00 TALLAHASSEE, FL 1999	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L99000000017 NANTEX RECYCLING, L.L.C. 525 WOODVIEW DRIVE LONGWOOD FL 32779		1a. Principal Place of Business Address 525 WOODVIEW DRIVE LONGWOOD FL 32779			
2. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 12/31/1998	
City & State		City & State		4. FEI Number 59-354943	
Zip		Country		5. Date of Last Report	
7. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO FL 32803		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code			
9. Pursuant to the provisions of Sections 606.416 and 606.506, 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	
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when re-appointing)					
10. Title		Managing Members/Managers		Business Street Address	
MGR		TAYLOR, NANCY		P.O. BOX 320681	
MGR		TAYLOR, LEE		525 WOODVIEW DRIVE	
				COCOA BEACH FL	
				LONGWOOD FL	
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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		City State and Zip Code			