

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Montiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M70314** (3)
1. Corporation Name
FLORIDA RECYCLING CORPORATION



Principal Place of Business

Mailing Address

% AMERICAN FARMS LTD.
P.O. BOX 990027
NAPLES FL 33999-6060

% AMERICAN FARMS LTD.
P.O. BOX 990027
NAPLES FL 33999-6060

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SOMOZA, ALVARO
1484 KEAN AVENUE SW
NAPLES FL 33964

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/02/1988

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2875919

Apply 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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person who signed the report

Signature of the person who signed the report

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	SOMOZA, ALVARO	4709 VIA CARMEN	NAPLES FL	☐
V	SOMOZA, CHRISTINE	4709 VIA CARMEN	NAPLES FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADD
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐

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, or on an attached list with an address.

SIGNATURE:

Christine Somaza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine Somaza

4/12/96 941-455-0320
DATE OF FILING

CR2E034 (12/95)