

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 6:06

DOCUMENT # M87460 (5)

1. Corporation Name

HOLLYWOOD SCRAP RECYCLING, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**% MORRIS HEIDER
5835 PLUNKETT ST.
HOLLYWOOD FL 33023**

Mailing Address

**% MORRIS HEIDER
5835 PLUNKETT ST.
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1988

3a. Date of Last Report

08/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0077159

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

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

**HEIDER, MORRIS
5835 PLUNKETT ST.
HOLLYWOOD FL**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Morris Heider

4/13/95

Signature, typed or printed name of registered agent and the applicant

NOTE: Registered Agent signature required when mandatory

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEIDER, PHYLLIS
STREET ADDRESS	1501 S. OCEAN DR.
CITY, ST., ZIP	HOLLYWOOD FL
TITLE	VS
NAME	RICHARDS, LINDA
STREET ADDRESS	1501 S. OCEAN DR.
CITY, ST., ZIP	HOLLYWOOD FL
TITLE	D
NAME	RICHARDS, LINDA
STREET ADDRESS	1501 S. OCEAN DR.
CITY, ST., ZIP	HOLLYWOOD FL
TITLE	T
NAME	HEIDER, MORRIS
STREET ADDRESS	5835 PLUNKETT ST.
CITY, ST., ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST., ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST., ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST., ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST., ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST., ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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:

Morris Heider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95
Date

305-987-9544
Telephone Number