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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

M87460

HOLLYWOOD SCRAP RECYCLING, INC.										
Principal Place of Business Mailing Address						$\neg \neg$	! <b>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>	(1 DDIA DIRUK BADI) A	JIJII DIDIA BIDIK DADAH ADAH	
% MORRIS HEIDER % MORRIS HEIDER 5835 PLUNKETT ST. 5835 PLUNKETT ST. HOLLYWOOD FL 33023 HOLLYWOOD FL 33023							Date Incorporated or Qualified	3a. Date of	Leef Report	
							06/23/1988	1	18/1995	
2. Principal Pla 21	ace of Business	2a. Mailing A	a. Mailing Address				4. FEI Number 65-0077159	Applied For Not Applicable		
Suite, Apt. a	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	_ <b>\$</b>	8.75 Additional Fee Required	
City & State	3	City & Sta	City & State				6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> May Be	
Zερ	Zip Country		Zip Country				Added to Fees			
24	25 29		30	·		-	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No			
	9. Name and Address of Curre						10. Name and Address of New R		nt	
 i		- ;		81	Name					
HEIDER, MORRIS					Street #	Address	(P.O. Box Number is Not Acceptable	(e)		
5835 PLUNKETT ST. HOLLYWOOD FL				83						
				84	City			e-a 8	IS Zip Code	
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Fig	orida Statutes, the	above-r	named co	rporatio	n submits this statement for the purp	FL oose of changin	no its registered office	
or registere	eo agent, or both, in the State of Fig	orida. Such change w	vas authorized by i	the corp	oration's	board o	f directors. I hereby accept the appo	intment as regi	istered agent. I am	
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE _	Signature, typed or printed name of registered age		(NOTE: Regi	stered Agen	t signature re	equired who	an reinstating)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	PD	N.		1 1 TITLE		M	MERTS HEIDED	Z 0	hange 🔲 Addition	
NAME	HEIDER, PHYLLIS			1.2 NAME		15	DI S.W. 16Th 5	r. PR	Cs.	
STREET ADDRESS	1501 S. OCEAN DR.			1.3 STREET				21111	<del>`</del>	
CITY-ST-7IP	HOLLYWOOD FL			1.4 CITY-S	T-ZIP	150		3416		
TITLE	VS DICHADDS LINDA	LE '		2. 1 TITLE		PH	1//IS HEIDER	اناطعا د مرک	hange Addition	
NAME ETREET ADDRESS	RICHARDS, LINDA 1501 S. OCEAN DR.			2.2 NAME		30	SO VARAJE AXA	100.4	MAS	
STREET ADDRESS	HOLLYWOOD FL			2.3 STREET		DA.			78 1	
CITY-ST-ZIP TITLE	D D	EA1	/	2.4 CITY - 5 3. 1 TITLE	T-ZIP (	Vro	YTUN, OLIV 4)		hanne	
NAME	RICHAROS, LINDA	٠١	1	3.1 FILE		,		☐ C	hange: Addition	
STREET ADDRESS	1501 S. OCEAN DR.			3.2 NAME 3.3. STREET	*000000					
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY - S						
TITLE	T		DE: E40	4. 1 TITLE	1-Zir			<b>[7]</b> CI	hange	
NAME	HEIDER, MORRIS	E		4.2 NAME				·	larige	
STREET ADDRESS	5835 PLUNKETT ST.			4.3 STREET	ADDRESS					
CHTY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-S						
THILE				5. 1 TITLE	-		1170 - 31	[] CI	hange Addition	
NAME				5.2 NAME				_	, C	
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP			1	5.4 CITY - ST	r-zip					
TrTLE		[]	DELETE 6	6. 1 TITLE				□ Ct	hange Addition	
NAME			1	6.2 NAME				• •		
STREET ADDRESS			<b>.</b> .	6.3 STREET.	ADDRESS					
CITY-ST-ZIP				6.4 CITY - ST	T-21P					
14. I do hereby	certify that the information supplied	with this filing is volu	untarily furnished a	and does	not qual	lify for th	e exemption stated in Section 119.0	7(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 17at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MONING / LEDEN MOPPETS HEIDER 4/26/46 974-9544