

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005669 (6)

1. Corporation Name

SOUTH FLORIDA RECYCLING COALITION, INC.

Principal Place of Business

Mailing Address

110 SE 6TH ST 28TH FLOOR
FT LAUDERDALE FL 33301

110 SE 6TH ST 28TH FLOOR
FT LAUDERDALE FL 33301



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1994		3a. Date of Last Report 07/07/1995	
21		26		4. FEI Number 65-0538262		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DENNIS D
110 SE 6TH ST 28TH FLOOR
FT LAUDERDALE FL 33301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE *Dennis D. Smith* /Dennis D. Smith DATE 2/13/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENNIS DUSTIN	1.2 NAME	
STREET ADDRESS	110 SE 6TH ST., 28TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DANIEL E.	2.2 NAME	
STREET ADDRESS	110 SE 6TH ST., 28TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADSON, GEORGE E.	3.2 NAME	
STREET ADDRESS	200 E LAS OLAS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, JOHN C	4.2 NAME	Debbie Mason
STREET ADDRESS	P. O. BOX 50025	4.3 STREET ADDRESS	4401 West Tradewinds Avenue #207
CITY-ST-ZIP	LIGHTHOUSE POINT FL	4.4 CITY-ST-ZIP	Lauderdale-By-The-Sea, FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HEIDI E.	5.2 NAME	Carol Hobbs
STREET ADDRESS	220 SE 6TH ST., 28TH FL	5.3 STREET ADDRESS	200 East Las Olas Blvd.
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Nicki Grossman
STREET ADDRESS		6.3 STREET ADDRESS	200 East Las Olas Blvd, Suite 1500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis D. Smith* /Dennis D. Smith DATE 2/13/96 (954)-760-4920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)