

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005808 (0)**  
1. Corporation Name  
**FLORIDA ORGANICS RECYCLERS ASSOCIATION INC.**

Principal Place of Business	Mailing Address
10012 N. DALE MABRY SUITE 223 TAMPA FL 33618	10012 N. DALE MABRY SUITE 223 TAMPA FL 33618

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>2b</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified	
11/21/1994	
4. FEI Number	Applied For
	Not Applicable
50-3286859	

9. Name and Address of Current Registered Agent	
KESSLER, MITCH 10012 N. DALE MABRY SUITE 223 TAMPA FL 33618	81 Name
	82 Street Address
	83
	84 City

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	13.
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	KESSLER, MITCH		1.2 NAME
STREET ADDRESS	10012 N. DALE MABRY		1.3 STREET ADDRESS
CITY - ST - ZIP	TAMPA FL 33618		1.4 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	BYERS, PAT		2.2 NAME
STREET ADDRESS	7501 N. JOG RD.		2.3 STREET ADDRESS
CITY - ST - ZIP	WEST PALM BEACH FL		2.4 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	FULMER, TOM		3.2 NAME
STREET ADDRESS	7000 IMESON ROAD		3.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

[illegible]

14. I 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 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: [Signature]

CP2E037 (10/97)