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FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P39823 (0)
1. Corporation Name
REFRIGERANT RECOVERY CORPORATION OF AMERICA

Principal Place of Business
25 TORNE VALLEY RD
HILLBURN NY 10931

Mailing Address
25 TORNE VALLEY RD
HILLBURN NY 10931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1992

4. FEI Number
62-1478695

Applied 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIFKIN, LYNNE
3200 SE 14TH AVE
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
MICHAEL MILARSKI

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

83 3200 SE 14th AVENUE

84 City FT. LAUDERDALE FL 85 Zip Code 33316-5503

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 *[Signature]*
Signature typed and printed name of agent, and title, if applicable.

MICHAEL MILARSKI
(NOTE: Registered Agent signature required when reinstating)

1/26/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME ZUGIBE, KEVIN J
STREET ADDRESS 27 SOUTH RIDGE RD
CITY-ST-ZIP POMONA NY ☐ DELETE

TITLE EVPD
NAME ZUGIBE, THOMAS P
STREET ADDRESS 30 TAVARONE ST
CITY-ST-ZIP GARNERVILLE NY ☐ DELETE

TITLE VPTD
NAME COLE-HATCHARD, STEPHEN J
STREET ADDRESS 315 ROUTE 210
CITY-ST-ZIP STONY POINT NY ☒ DELETE

TITLE EVPS
NAME MANDRACCHIA, STEPHEN P
STREET ADDRESS 521 4TH AVE
CITY-ST-ZIP PELHAM NY ☐ DELETE

TITLE VCFO
NAME BARRON, WILLIAM
STREET ADDRESS 75 FAWN HILL ROAD
CITY-ST-ZIP TUXEDO PARK NY ☒ DELETE

TITLE VP
NAME PHILLIPS, WALTER
STREET ADDRESS 24 PHILLIPS DR
CITY-ST-ZIP STONY POINT NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO ☒ Change ☐ Addition
1.2 NAME ZUGIBE, KEVIN J
1.3 STREET ADDRESS 25 TORNE VALLEY RD
1.4 CITY-ST-ZIP HILLBURN, NY

2.1 TITLE CFO ☐ Change ☒ Addition
2.2 NAME COLEMAN, BRIAN
2.3 STREET ADDRESS 25 TORNE VALLEY RD
2.4 CITY-ST-ZIP HILLBURN, NY

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

SIGNATURE: *[Signature]* KEVIN J ZUGIBE 2/2/98 94-368-4990

CR2E034 (10/97)