

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 # P93000022248 (7)

1. Corporation Name
NATIONAL FIBER RECOVERY, INC.



Principal Place of Business
**7102 NORTH 30TH ST.
TAMPA FL 33610**

Mailing Address
**7102 NORTH 30TH ST.
TAMPA FL 33610**

3. Date Incorporated or Qualified: **03/24/1993** 3a. Date of Last Period: **04/06/1995**

4. FEI Number: **59-3173349** Applied For: Not Applicable

5. Certificate of Status Desired: **XX** \$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 **XX** No

2. Principal Place of Business	2a. Mailing Address
21 905 E.M.L.King Jr. Dr. Suite, Apt. #, etc. 22 Suite 400 City & State 23 Tarpon Springs, Fl Zip Country 24 34689 25 Pinellas	26 905 E.M.L.King Jr. Dr. Suite, Apt. #, etc. 27 Suite 400 City & State 28 Tarpon Springs, Fl Zip Country 29 34689 30 Pinellas

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VINCELLI, ALFRED J 7102 N. 30TH ST. TAMPA FL 33610	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 905 E. M.L. King Jr. Dr. 83 Suite 400 84 City Tarpon Springs, FL 85 Zip Code 34689

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	VINCELLI, ALFRED J	1.2 NAME	
STREET ADDRESS	7102 N. 30TH ST	1.3 STREET ADDRESS	905 E. M.L.King Jr. Dr. #400
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE	VS	2.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	MCDONNELL, DENNIS F	2.2 NAME	
STREET ADDRESS	7102 N. 30TH ST	2.3 STREET ADDRESS	905 E. M.L.King Jr. Dr. #400
CITY-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfred J. Vincelli* 4-25-96 813-938-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)