

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

**VINCELLI, ALFRED J
7102 N. 30TH ST.
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	905 E. M.L. King Jr. Dr.		Tarpon Springs,	FL 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: _____

Signature type or print name in the space provided below.

Name, Residential Address and Telephone Number

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	PD VINCELLI, ALFRED J		
STREET ADDRESS	7102 N. 30TH ST	13 STREET ADDRESS	905 E. M.L.King Jr. Dr. #400
CITY-ST-ZIP	TAMPA FL 33610	14 CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE	NAME	21 TITLE	22 NAME
	VS MCDONNELL, DENNIS F		
STREET ADDRESS	7102 N. 30TH ST	23 STREET ADDRESS	905 E. M.L.King Jr. Dr. #400
CITY-ST-ZIP	TAMPA FL 33610	24 CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 Number)

CR2E034 (12/95)