FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:51

DOCUMENT # P93000063325 (3)

1. Corporate Name
TERRACYCLING CORPORATION

Principal Office Address
~~403 W TAFT VINELAND AVE~~
ORLANDO FL 32824
9800 RECYCLE CENTER RD.

Mailing Address
POB 1391
ORLANDO FL 32802-1391

3. Date of Incorporation: 09/07/1993
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-3206185
Applied For / Not Applicable

Suite, Apt. # or Bldg.
22
Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

City, State
23
City, State
28

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

24 25 29 30

8. The corporation has taken all steps to comply with Section 607.0505 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DEERY, J. JEFFREY
201 S ORANGE AVE
STE 860
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 Section 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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 director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	[ ] Change [ ] Addition
NAME	MADISON, PETER D	
STREET ADDRESS	2117 HOFFNER AVE	
CITY ST ZIP	ORLANDO FL 32809	
TITLE	D	[ ] Change [ ] Addition
NAME	MADISON, BEVERLY	
STREET ADDRESS	2117 HOFFNER AVE	
CITY ST ZIP	ORLANDO FL 32809	
TITLE	D	[ ] Change [ ] Addition
NAME	ALTMAN, KENT	
STREET ADDRESS	1857 WINDWILLOW RD	
CITY ST ZIP	ORLANDO FL 32809	
TITLE	D	[ ] Change [ ] Addition
NAME	ALTMAN, LYNN	
STREET ADDRESS	1857 WINDWILLOW RD	
CITY ST ZIP	ORLANDO FL 32809	
TITLE	D	[ ] Change [ ] Addition
NAME	ALTMAN, SCOTT	
STREET ADDRESS	5107 ST MARIE AVE	
CITY ST ZIP	ORLANDO FL 32812	
TITLE	D	[ ] Change [ ] Addition
NAME	ALTMAN, PAMELA	
STREET ADDRESS	5107 ST MARIE AVE	
CITY ST ZIP	ORLANDO FL 32812	

14. I hereby certify that the information supplied with this filing, and upon any amendment thereof, is true and accurate. I further certify that the information indicated on the annual report or supplemental annual report, if not amended herein, is true and accurate and that my signature shall serve as the acknowledgment of a duly made oath that I am an officer or director of the corporation or the owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or below, or on an attached amendment with an addition.

SIGNATURE: Lynn M. Altman 4/17/95 (407) 859-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNN M. ALTMAN

0083704 CP