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 # **P93000063325 (3)**

1. Corporation Name

TERRACYCLING CORPORATION

Principal Place of Business

9800 RECYCLE CENTER RD
ORLANDO FL 32824
US

Mailing Address

POB 1391
ORLANDO FL 32802-1391

3. Date Incorporated or Qualified: **09/07/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3206185** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business [21]
Suite, Apt. #, etc. [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

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 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

TITLE	D	☐ DELETE
NAME	MADISON, PETER D	
STREET ADDRESS	2117 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ DELETE
NAME	MADISON, BEVERLY	
STREET ADDRESS	2117 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ DELETE
NAME	ALTMAN, KENT	
STREET ADDRESS	1857 WINDWILLOW RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ DELETE
NAME	ALTMAN, LYNN	
STREET ADDRESS	1857 WINDWILLOW RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ DELETE
NAME	ALTMAN, SCOTT	
STREET ADDRESS	5107 ST MARIE AVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	☐ DELETE
NAME	ALTMAN, PAMELA	
STREET ADDRESS	5107 ST MARIE AVE	
CITY-ST-ZIP	ORLANDO FL 32812	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
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 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: Lynn M. Altman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynn M. Altman

2/13/96 Date

407 859 5990 Daytime Phone #

CR2E034 (12/95)