

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90140 037 ***150.00

DOCUMENT # P93000069537

1. Corporation Name

F. E. DEVELOPMENT RECYCLING, INC.

Principal Place of Business

5456 HOFFNER AVENUE
SUITE 206
ORLANDO FL 32812
US

Mailing Address

5456 HOFFNER AVENUE
SUITE 206
ORLANDO FL 32812
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number Applied For
59-3201053 Not Applicable

5. Certificate of Status Desired \$8.75 Additional-
Fee Required

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

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

FOUNTAIN, JAMES E JR
5456 HOFFNER AVE.
SUITE 206
ORLANDO FL 32812

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

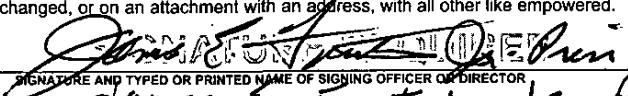
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, JAMES E JR	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5396 HOFFNER AVE		
CITY-ST-ZIP	ORLANDO FL		
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, DEBRA K	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5396 HOFFNER AVE.		
CITY-ST-ZIP	ORLANDO FL		
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4. CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

Daytime Phone #

CR2E034 (11/98)