

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083853 (0)

1. Corporation Name

RECYCLED REAL ESTATE INC.



Principal Place of Business

Mailing Address

5680 AVENIDA PESCA DORA
SUITE 268
FT MYERS BEACH FL 33931
US

P.O. BOX 2850
FORT MYERS BEACH FL 33932-2850

3. Date Incorporated or Qualified
12/08/1993

3a. Date of Last Report
06/06/1995

2. Principal Place of Business

21 22 FAIRVIEW BLVD.

2a. Mailing Address

26 22 FAIRVIEW BLVD.

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

23 FT. MYERS BEACH, FLA

City & State

28 FT. MYERS BEACH, FLA

Zip

Country

24 33931

25 LEE

Zip

Country

29 33931

30 LEE

4. FEI Number

65-0468253

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, MARIO
5580 AVENIDA PESCADORA
SUITE 23
FT. MYERS BEACH FL 33931

81 Name

SAME NAME

82 Street Address (P.O. Box Number is Not Acceptable)

83 22 FAIRVIEW BLVD.

84 City FT. MYERS BEACH

FL

85

Zip Code 33931

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 of person or persons authorized to register agent and accept appointment

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME GOMEZ, MARIO
STREET ADDRESS 5580 AVENIDA PESCADORA
CITY-ST-ZIP FT. MYERS BEACH FL

TITLE VSD
NAME DELROSE, MARK S
STREET ADDRESS 16540 ISLAND PARK ROAD, #201
CITY-ST-ZIP FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

22 FAIRVIEW BLVD.
FT. MYERS BEACH, FLA - 33931

SAME

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

by: *MARIO GOMEZ* MARIO GOMEZ / PRESIDENT 7/16/96 (941) 765-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)