

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90033 017 ***150.00

DOCUMENT # P94000014697

1. Corporation Name
TIRE RECYCLING SYSTEMS, INC.

Principal Place of Business
616 N.W. 2ND AVE.
FT. LAUDERDALE FL 33311

Mailing Address
101 NE 3RD AVE
SUITE 300
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number
65-0476585

Applied For
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABATE, MARK J
800 SE 3RD AVE
STE 300
FT LAUDERDALE FL 33316

81 Name LABATE, Mark J.

82 Street Address (P.O. Box Number is Not Acceptable)
800 SE Third Avenue

83 Suite 301

84 City Ft. Lauderdale

85 Zip Code
FL 33316

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 Mark J. Labate MARK J. LABATE

DATE 1/11/99

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 PSTD ☐ DELETE
NAME BOLTON, THOMAS A
STREET ADDRESS 616 N.W. 2ND AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

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

TITLE VPSD ☐ DELETE
NAME LABATE, MARK J
STREET ADDRESS 101 NE 3RD AVE SUITE 300
CITY-ST-ZIP FT LAUDERDALE FL 33301

2.1 TITLE VPSD ☒ Change ☐ Addition
2.2 NAME LABATE, MARK J
2.3 STREET ADDRESS 800 SE Third Avenue, Ste. 301
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE VPAS ☐ DELETE
NAME LABATE, SILVANA D
STREET ADDRESS 101 NE 3RD AVE SUITE 300
CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Mark J. Labate V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK J. LABATE V.P.

Date

Daytime Phone #

1/11/99 (954) 728-3466

031405

CR2E034 (11/98)