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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400018610 (3)
Corporation Name
GOLD COAST RECYCLING OF SOUTH FLORIDA, INC.

Principal Place of Business

1126 \$ FEDERAL HIGHWAY SUITE 411

Mailing Address

2100 SW 28TH WAY

FT LAUDERDALE FL 33312-4451

## **FILED** May 08 1997 8:00am Secretary of State



FŤ	LAUDERDAL	E FL 83316				•							
	·	:								3. Date Incorporated or Qualified 03/10/1994	3a. Date of La. 05/01/199		t Report <b>3</b>
	Principal Pl	rincipal Place of Business			2a. Mailing Address					4. FEI Number 65-0473058		h	Applied For Not Applicable
21	Suite, Apt. #, etc.			- 201	Suite, Apt. #, etc.								5 Additional
22	22				27					5. Certificate of Status Desired			Required
City & State					City & State					6. Election Campaign Financing		\$5.0	00 May Be
23					28			Trust Fund Contribution			Added to Fees		ed to Fees
24	Zip		Country 25	29	Zip	Zip Cou 30			8. This corporation has liability for intangible tay under s. 199.032 Florida Statutes			r s. 199.032,	
			and Address of Curren	t Regis	stered Agent	**************************************	Ţ			10. Name and Address of New Reg	istered /	Agent	
RUSS, KAY							81	Name					
2100 SW 28 WAY							82 Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDERDALE FL 33312													
							83						Ì
	•						84	City			FL	85 Z	ip 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  Signalure, typed or printed mand of registered agent and tide if applicable. (NOTE flegistered Agent sgreature required when reinstating).  DATE													
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	I do hereb	y certify tha	at the information supplie	d with th	his filing does not quali	fy for the	охо (	mption s	tated in	n Section 119.07(3)(i), Florida Statutes	. I further	certify th	nat the
	I am an of	ficer or dire		the rec	ceiver or trustee empow	rered to				ny signature shall have the same legal as required by Chapter 607, Florida Si 			

(A) (B) Waside -t