## 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 # P94000023098 (4)

## ECO-WASTE CONVERSION CORP.

Principal Pace of Business  4611 SOUTH UNIVERSITY DRIVE SUITE 201 CANYON COUNTRY CA 9135  DAVIE FL 33328  2. Principal Place of Business 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					3. Date incorporated or Qualified 03/25/1994 09/12/1996 4. FEI Number Applied For Not Applicable \$8.75 Additional		
22		27	<u> </u>		5. Certificate of Status Desired	Fee F	tequired
City & Sta	ate	City & State			Election Campaign Financing     Trust Fund Contribution		May Be I to Fees
7ip	Country 25	Zip 29	Country 30	/	8. This corporation has liability for I	ntangible tax under Yes \[ \] No	s. 199.032,
<u></u>	9. Name and Address of Curre		1001		10. Name and Address of New Re		
FF	UER, JEFFREY P		81	Name			*****
3844 EAST FORGE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			, <u></u>
UA	VIE FL 33326		83				
			84	City		FL 85 Zip	Code
office or	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida Such change was gations of, Section 607.0505, F	authorized by lorida Statute	y the corpor s.	rporation submits this statement for the pration's board of directors. I hereby acception to the property of t	urpose of changing	its registered s registered
12.		ID DIRECTORS	13.	ent signature rec	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TOTLE	P	DELETE	1.1 TUTLE		7.0011101407017414020170 011110	☐ Change	Addition
NAME	VINALES, THERASA		1.2 NAME				_
STREET ADORESS	ARRAM PRINCIPAL PROAP			ADDRESS			
CITY-ST-ZIP	CANYON COURTRY CA 9135	1	1.4 CITY-1				
TILE	CT	DELETE	21 TIFLE	5)-211		Change	Addition
NAME	GIORDANO, ALDO M		22 NAME	İ			<del></del>
STREET ADDRESS			1	T ADDRESS			
CHY-ST-ZIP	CANYON COUNTRY CA 9135	1	2. 4 City -	1			
TITLE	VPS	DELETE	3.1 TITLE	-		Change	Addition
NAME	VINALES, FRANK		3.2 NAME	(			
STHEET ADDRESS			3.3 STREE	T ADDRESS			
CHY SI-ZE	NEWHALL CA 91321		3.4. CITY -	Í			
TOLE	VP	☐ DELETE	41 TITLE		- 111	☐ Change	Addition
NAME	FRANKLIN, ROBERT S		4.2 NAME	1			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST ZIP	WHITE PLAINS NY 10601		4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	}			
STREET ADDRESS	5		5.3 STREE	T ADDRESS			
CITY-ST-ZiP	1		5.4 City-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAM:			6.2 NAME				
STREET ADDRESS	s		6.3 STREE	T ADDRESS			

14. I do 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 proposed to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if Chapter 607 are true and the same legal effect as if made under oath; that appears in Block 12 or Block 13 if Chapter 607. Florida Statutes and that my name

6.4 City-St-ZIP

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

330-9600

**FILED** 

May 06 1997 8:00am

Secretary of State