

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90017 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000088080

1. Corporation Name
RECYCLOBOX, INC.

Principal Place of Business

3725 S. OCEAN DRIVE
 SUITE 503
 HOLLYWOOD FL 33019
 US

Mailing Address

3725 S OCEAN DRIVE
 SUITE 503
 HOLLYWOOD FL 33019
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

65-0552315

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 owes the current year Intangible
 Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 **3471 Emerald Oaks Dr.**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **3471 Emerald Oaks Dr.**
 Suite, Apt. #, etc.

City & State

23 **Hollywood, FL**

Zip **33021** Country **USA**

24 **33021** 25 **USA**

City & State

28 **Hollywood, FL**

Zip **33021** Country **USA**

29 **33021** 30 **USA**

9. Name and Address of Current Registered Agent

GONZALES, ENRIQUE III ES
3725 S OCEAN DR
#503
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

Paul Kaprowski

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

3471 Emerald Oaks Dr

83

84 City

Hollywood

FL

85 Zip Code

33021

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

Paul A. Kaprowski
 Signature typed or printed name of registered agent and title if applicable.

PAUL A. KAPROWSKI

3/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOCKENSTEIN, BARRY	
STREET ADDRESS	4825 PEMBROKE ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hockenstein, Barry	
1.3 STREET ADDRESS	3471 Emerald Oaks Dr	
1.4 CITY-ST-ZIP	Hollywood FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)