
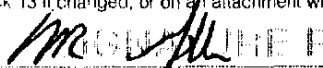


FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000013838 (4) 1. Corporation Name AMERICAN ASH RECYCLING CORP. OF NEW ENGLAND		
Principal Place of Business 6622 SOUTHPOINT DRIVE SUIT 310 JACKSONVILLE FL 32216		Mailing Address 6622 SOUTHPOINT DRIVE SUIT 310 JACKSONVILLE FL 32216-6188
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
9. Name and Address of Current Registered Agent		
FLETCHER, BABBETTE L BARNETT CENTER - SUITE 3100 50 NORTH LAURA ST. JACKSONVILLE FL 32202		81. Name 82. Street Address 83. 84. City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> DELETE GIBBES, WILLIAM R 1428 INDIAN WOOD DR NEPTUNE BEACH FL 32266	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> DELETE CARRAUX, GARY 7032 CYPRESS BRIDGE CIRCLE PONTE VEDRA FL 32082	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE MANNING, G. STEPHEN 12163 TWAIN OAKES LN JACKSONVILLE FL 32233	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> DELETE FLETCHER, BABBETTE L 5020 YACHT CLUB DR JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE:  WILLIAM R. GIBBES		



CR2E034 (9/96)