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Secretary of State

03-31-1999 90024 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033164

1. Corporation Name
H.I.P. RECYCLING (FLA), INC.



Principal Place of Business 2141 MAIN STREET UNIT 1 DUNEDIN FL 34698	Mailing Address P.O. BOX 49 WESTVILLE IN 46391
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2845 SEABREEZE DR S.		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/27/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3347483	
City & State 23 GULFPORT FL.		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33707		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VARICHAK-CRUPI, DEBRA
255 SUNSET DRIVE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name CRUPI DEBRA
82 Street Address (P.O. Box Number is Not Acceptable) 2845 SEABREEZE DR SOUTH
83
84 City GULFPORT
85 Zip Code 33707

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

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	PD	1.1 TITLE	PRESIDENT
NAME	VARICHAK-CRUPI, DEBRA	1.2 NAME	CRUPI DEBRA
STREET ADDRESS	255 SUNSET DRIVE NORTH	1.3 STREET ADDRESS	2845 SEABREEZE DR S.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	GULFPORT FL 33707
TITLE	VD	2.1 TITLE	VIC PRESIDENT
NAME	CRUPI, FRANK	2.2 NAME	CRUPI FRANK
STREET ADDRESS	255 SUNSET DRIVE NORTH	2.3 STREET ADDRESS	2845 SEABREEZE DR S.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	GULFPORT FL 33707
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

MARCH 30/99 1800 2720529

Date

Daytime Phone #

CR2E034 (11/98)