FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

P95000036409 (7) **DOCUMENT #**

HITECH RECOVERY & RECYCLING, INC.

Principal Place of Business Mailing Address						}		
1135 S.W. 25TH AVE. BOYNTON BEACH FL 33426 BOYNTON BEACH FL								
						3. Date Incorporated or Qualified 05/09/1995	3a. Date of La	ast Report
1	lace of Business	2a. Mailing Addres	S			4. FEI Number	••	Applied For
21	IF	26	 			65-058/75		Not Applicable
Suite. Apt.		Suite, Apt. #, e	tc.			5. Certificate of Status Desired	1 1 7 -	3.75 Additional Fee Required
Orty & Stat		City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
2q) [24]	Country 25	Zip 29	30	ountry	,	8. This corporation has liability for Florida Statutes Yes	intangible tax und	ders 199.032,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New F	Registered Agen	t
				81	Name			
, THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				82	Street Addre	ess (P.O. Box Number is Not Acceptab	yle)	
343 ALMERIA AVENUE								
· CORAL GABLES FL 33134				83				
٤.				84	City		95	Zip Code
L.,				1	1		- L	1 '
	to the provisions of Sections 607.08 red agent, or both, in the State of F ith, and accept the obligations of, S			pove t	named corpora oration's boar	ation submits this statement for the puid of directors. I hereby accept the app	rpose of changing ointment as regis	its registered office tered agent. I am
SIGNATURE								
	Signature, typind or printed name of registeroil a		(NOTE: Rogiste	reo Ager	nt signaturé required	when reinstating)	DATE	
12.	OFFICERS,	AND DIRECTORS	13),		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TITEE	P LEE BODERY E	☐ DELETE	1.	1 TITLE			☐ Cha	ange 🔲 Addition
NAME	LEE, ROBERT E			1.2 NAME				
STREET ADDRESS				STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			1.4 CITY - ST-ZIP				
117LF		☐ DELETE	1	TITLE			☐ Cha	ange 🔲 Addition
NAME				NAME				
STHEFT ADDRESS			23	STREET	ADDRESS			
CIV ST-ZP		ET on the		CITY-S	iI - ZIP			
		DELETE		TITLE			☐ Cha	inge 🔲 Addition
NAME Custo Montro				NAME				
STHEET ADDRESS					ADDRESS			
CHTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	F] OUTT		CITY-S	r-zip			
NAME		DELETE	1	TITLE			Cha	inge 🗌 Addition
IA-MALE.	1		■ 42	NAME	1			

6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapter 607, or on an attachment with an address.

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS 5 4 CITY - ST - ZIP

63 STREET ADDRESS

4.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ACCRESS

STREET ADDRESS

CHY-ST-ZiP

CHY-ST ZIP

THEF

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

☐ Addition

Change Addition

- A (CANADA) (18 1618) CHANA EDINA BENIN BENIN CENDE KANDA BAND BENIN BARDA BENIN HERA