FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000044176 (2)

Mailing Address

BY RECYCLING, INC.

Principal Place of Business

NAME

FILED Feb 25 1998 8:00am Secretary of State



☐ Change

Addition

3812 NORTHWEST 71ST DR. 3812 NORTHWES CORAL SPRINGS FL 33065 CORAL SPRINGS				33065		WRITE IN THIS SPACE		
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	TAT TAT	pplied For	
21 26				65-0585969	No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apl. #, el-	Suite, Apl. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zιρ	Country	Zφ	Country	/	8. This corporation owes or has paid the		tangible	
24	25	29	30		Personal Property Tax due June 30.		No	
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registers	od Agent		
BYRNES, MARIKAY 3812 NW 71ST DRIVE CORAL SPRINGS FL 33065			81 82 83	Street Add	dress (P.O. Box Number is Not Acceptable)			
			84	City	<u>,</u>	85 Zip	Code	
12.		AND DIRECTORS	(NOTE Hingistered Ag	ent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR		
TITLE	PSTD	☐ DELET				Change	Addition	
NAME	BYRNES, MARIKAY N		1.2 NAME					
STREET ADDRESS	3812 NORTHWEST 71ST			r address				
CITY - ST - ZIP	CORAL SPRINGS FL 330	65 DELET	1.4 CITY - 1 E 2.1 TITLE	ST-ZiP		Change	Addition	
TITLE	V			ł		L'1 change		
NAME STREET ADDRESS	BYRNES, WILLIAM P 3812 NORTHWEST 71ST	DD.	2.2 NAME	r address				
CITY-SI-ZIP	CORAL SPRINGS FL 330		2.4 CITY-	- 1				
TITLE	CONAL SPRINGS PL 350	DELLI		31-211		Change	Addition	
NAME			3.2 NAME)				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			3.4 CITY-					
TITLE		DELE1				Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.4 CiTY-5	ST-ZIP				
TITLE		DELET		1		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - 5	ST-ZIP				

14. Thereby 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 suppliemental 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.

6.2 NAME

2/19/98 SIGNATURE: Marikan Burner Marikan RUFACS 954-3469426