


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90030 002 \*\*\*150.00

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

DOCUMENT # **P95000044176**

1. Corporation Name  
**BY RECYCLING, INC.**



Principal Place of Business 3812 NORTHWEST 71ST DR. CORAL SPRINGS FL 33065	Mailing Address 3812 NORTHWEST 71ST DR. CORAL SPRINGS FL 33065
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7750 NW 84 AVE	26 8222 WILES RD			06/08/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		#166		65-0585969	
City & State		City & State		Applied For	
23 PARKLAND FL		28 CORAL SPRINGS, FL		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24 33067	25 USA	29 FL	30 USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BYRNES, MARIKAY 3812 NW 71ST DRIVE CORAL SPRINGS FL 33065				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	85 Zip Code
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNES, MARIKAY N	1.2 NAME	
STREET ADDRESS	3812 NORTHWEST 71ST DR.	1.3 STREET ADDRESS	7750 NW 84 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNES, WILLIAM P	2.2 NAME	
STREET ADDRESS	3812 NORTHWEST 71ST DR.	2.3 STREET ADDRESS	7750 NW 84 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: W. William Byrnes **BYRNES** 7/20/99 346-9426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P95000044176  
596815-90030-2



By Recycling, inc.  
8222 Wiles Road #166  
CORAL SPIRNGS, FL. 33067  
(954) 346-9426

7/20/99

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: 1999 Profit Corporation Annual Report

Dear Sirs;

I recently received a second notice for the filing of the 1999 annual report. I can not find any evidence of a first notice received at this office. We did move our home/office twice within the past year and the information may have crossed or been lost in the mail. I have corrected the address of the officers and am returning the packet to your office with a check for \$150. I apologize for any mistake on my part. Thank you in advance for your cooperation.

Sincerely,

*William Byrnes*

William Byrnes