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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **P95000057960 (3)**

1. Corporation Name
RFI RECYCLED FIBRE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
~~5001 N. DIXIE HIGHWAY~~ ~~BOCA RATON FL 33431~~	~~5001 N. DIXIE HIGHWAY~~ ~~BOCA RATON FL 33431-4922~~

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: 11/18/1996

2. Principal Place of Business
21 455 N. Indian Rocks Rd.
Suite, Apt. #, etc
22
City & State
23 Belleair Bluffs, FL
Zip
24 33770
Country
25 USA

2a. Mailing Address
26 ← SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0599898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ZIPPIN, ROBERT S~~
~~7101 W MCNAB RD~~
~~SUITE 200~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent

81 Name: Kenneth Arsenault
82 Street Address (P.O. Box Number is Not Acceptable): 10225 Ulmerton Road
83 Suite 2
84 City: Largo FL 85 Zip Code: 34641

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] 3-6-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ARNETT, JAN	
STREET ADDRESS	42-07 30TH AVE	
CITY-ST-ZIP	ASTORIA NY 11103	
TITLE	D, P, C	☐ DELETE
NAME	BAUMAN, JEROME	
STREET ADDRESS	10 PARSONAGE RD SUITE 206	
CITY-ST-ZIP	EDISON NJ 08837	
[redacted]		☐ DELETE
NAME	JUSKA, RAYMond	
STREET ADDRESS	17 MARION DR	
CITY-ST-ZIP	EAST LYME CT 06333	
TITLE	~~DVP~~ VP	☐ DELETE
NAME	SANBORN, DAVID	
STREET ADDRESS	475 E 151 ST	
CITY-ST-ZIP	E CHICAGO IN 46312	
TITLE	~~DST~~ DS	☐ DELETE
NAME	SINGERMAN, MORTON	
STREET ADDRESS	5493 NW 23 AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	☐ DELETE
NAME	ASHKAR, MICHAEL	
STREET ADDRESS	44 MONMOUTH ROAD	
CITY-ST-ZIP	EATON TOWN NJ 07224	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, CFO	☐ Change ☒ Addition
1.2 NAME	William G. Buckles	
1.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
1.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	David M. Veltman	
2.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
2.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
3.1 TITLE	D COO	☐ Change ☒ Addition
3.2 NAME	Curtis Apple	
3.3 STREET ADDRESS	475 East 151st St.	
3.4 CITY-ST-ZIP	East Chicago, IN 46312	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Harvey Nelson	
4.3 STREET ADDRESS	5001 North Dixie Hwy.	
4.4 CITY-ST-ZIP	Boca Raton, FL 33431	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 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: [signature] 813/585-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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