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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P95000057960 (3) DOCUMENT # 1. Corporation Name

AFI RECYCLED FIBRE INDUSTRIES, INC.

FILED Mar 19 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				1 120(1007 110 10101 01111 00111 00111 00111	is Atitis i diffet atten deste mane en a.	
455 NO INDIAN ROCKS RD 455 NO INDIAN ROCKS RD)			
BELLEAIR BLUFFS FL 33770 US		BELLEAIR BLUFFS FL 33770 US		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
1				07/25/1995		
Principal Di-	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0599898	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8,75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24	25	29	ю	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Ağent	
ARSENAULT, KENNETH			81 Nam	е		
	25 ULMERTON RO		82 Stree	t Address (P.O. Box Number is Not Acceptable)		
STE 2						
LARGO FL 34841 33771			83			
	32		84 City		85 Zip Code	
			'		FL	
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						
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.						
SIGNATURE						
Signature Typed or product rame of registered agent and the if applied blue (NOTE Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE	DCFO	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BUCKLES, WILLIAM G		1.2 NAME			
STREET ADDRESS	455 NO INDIAN ROCKS RD		1.3 STREET ADDRESS	S		
CITY-ST-ZIP	BELLEAIR BLUFFS FL	D DOLETE	1.4 CITY-ST-ZIP		Change Addition	
TIFLE	D	☐ DELETE	2.1 TITLE		Change La Advition	
NAME	VELTMAN, DAVID M		2 2 NAME			
STREET ADDRESS	455 NO INDIAN ROCKS RD		2.3 STREET ADDRESS	S		
CITY-ST-ZIP	BELLEAIR BLUFFS FL	DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE	DC00	□ bittir	3 1 1HTLE		C Charge C hearing	
NAME	APPLE, CURTIS		3 2 NAME	<u>, </u>		
STREET ADDRESS	475 EAST 151ST ST		3 3 STREET ADDRES	8		
CITY-ST-ZiP	EAST CHICAGO IN	DELETE	3 4. CITY-ST-ZIP		Change Addition	
TITLE	CANDODINO DAMO	רין מנונונ	4.1 TITLE 4.2 NAME		En consider En controll	
NAME	SANBORN, DAVID			_		
STREET ADDRESS	475 E 151 ST		4.3 STREET ADDRES	° 🥆		
CITY-ST-ZIP	E CHICAGO IN	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Jerome Bauman	Change Addition	
TITLE	SD CINGEDUAN MODION	Kaloricir	5.2 NAME	BOCZ RATEN, FL.		
NAME	SINGERMAN, MORTON		5.2 NAME 5.3 STREET ADDRES	ZZ94 NW SSTA 3	7,	
STREET ADDRESS	5493 NW 23 AVE			Boca Ramo II	37401	
CITY-ST-ZIP	BOCA RATON FL	DELETE	5.4 CITY - ST - ZIP	-5500 /02.00, / 6	Channe Addition	
TITLE	D ACHIVAD ANCHAEI	ב טנננונ	6.1 TIFLE		ondargo rate/file/	
NAME	ASHKAR, MICHAEL		6.2 NAME	c l		
STREET ADDRESS	44 MONMOUTH ROAD		6.3 STREET ADDRES	`		
CITY-ST-ZIP	EATON TOWN NJ 07224	ith this bling does not qualify for	6.4 CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the Information	

Thereby certify that the information solyphics with this timing coys not quality for the exemption stated in section 1 19.07(5)(f), Fioritid Statutes. Fromer certify that find information indicated on this annual report is one supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under other that I am an officer or director of the corporation or the receiver or trusted 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, often anythar ment with an address

SIGNATURE: