

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065719 (3)

1. Corporation Name

COOLANT RECYCLERS, INC.



Principal Place of Business

1675 FISKE BOULEVARD, UNIT #242J
ROCKLEDGE FL 32955

Mailing Address

POST OFFICE BOX 540653
MERRITT ISLAND FL 32954-0653

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, type or printed name of registered agent and its date (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
BUCHINE, DAVID H
1675 FISKE BOULEVARD, UNIT #242J
ROCKLEDGE FL 32955

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
BUCHINE, GWYNNE W
1675 FISKE BOULEVARD, UNIT #242J
ROCKLEDGE FL 32955

1.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

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2.1 TITLE ☐ Change ☐ Addition

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3.1 TITLE ☐ Change ☐ Addition

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5.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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6.2 NAME

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6.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE: DAVID H BUCHINE Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

407 636 5010

Daytime Phone #

CR2E034 (12/95)