

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90107 036 ***150.00

DOCUMENT # P95000065719

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/24/1995

4. FEI Number
59-3332637

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2515 MACFARLAND DR
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

City & State
23 COCOA

City & State
28

Zip
24 32922

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID BUCHINE
1676 FISKE BLVD.
#242J
ROCKLEDGE FL 32955

81 Np
82 St
83
84 Ci

Mr. David Buchine
2515 Macfarland Dr.
Cocoa, FL 32922

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required w/

DATE

12. OFFICERS AND DIRECTORS

13.

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Mr. David Buchine
2515 Macfarland Dr.
Cocoa, FL 32922

ADDITIONS IN 12
☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Ms. Gwynne Buchine
2515 Macfarland Dr.
Cocoa, FL 32922

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)