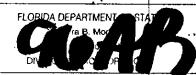
FILE NOW: I	FILING FEE A	FTFR MAY 1	IS \$2	25.00	APPRO	0470010 FP
PROFIT CORPORATION ANNUAL REPOR			EPARTMENT ra B. Mor		n / ANI	D D
DOCUMENT #  1. Corporation Name	P9500	0075421	(4)		SECRETARY TALLAHASSE	OF STATE E. FLORIDA
RECYCLE U.S.A.	, INC.		• •	:	A LODDINON ALE LOVEL DURA DONI DA	) 
Principal Place of Business Mailing Address			:	- [1417] [44] [10 1414] [11 [414] [41		
POST OFFICE BOX 14610 BRADENTON FL 34280		Post office by Bradenton FL			3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of Business	***************************************	2a. Mailing Address		1	4. FEI 199/27/1995 65-0625445	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		j	Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25	Country	Zip <b>29</b>	30 Col	intry	This corporation has liability for in Florida Statutes     Yes	
9. Name and	Address of Current F	legistered Agent			10. Name and Address of New R	egistered Agent
SUITE D			81 Name 82 Street Addres 83 84 City	Street Address (P.O. Box Number is Not Acceptable)		
familiar with, and accept the	, in the State of Florida.  obligations of, Section	Such change was author 607.0505, Florida Statu	orized by the d	ve-named corporat corporation's board	ion submits this statement for the pur of directors. I hereby accept the appo	according to registered offer
	ted name of registered agent and	title if applicable.	(NOTE: Registered	Agent signature required v	vhen reinstating)	DATE





Principal Place of Business	Malling Address	;
POST OFFICE BOX 14610	POST OFFICE BOX 14610	:

		. Hegistered Agent agricule	IBOOLET ALIGN IBURSTURD	DATE	<u> </u>	
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DELETE	1. 1 TITLE	D	Change	Addition	
NAME		1.2 NAME	LISA J. SHEFFIELD		ί,	
STREET ADDRESS		1.3 STREET ADDRESS				
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BRADEMON, FL 3420B			
TITLE	☐ DELETE	2. 1 TITLE	D	☐ Change	Addition	
NAME		2.2 NAME	FARL T. HASENFLLA	•	(,	
STREET ADDRESS		2.3 STREET ADORESS	1125 MALLORCA DRUE			
CITY-ST-ZIP		24 CITY-ST-ZIP	BENDENTON, FL 34209			
TITLE	☐ DELETE	3. 1 TITLE	D	Change	Addition	
NAME		3.2 NAME	JANE HASENPLU	. 2	**	
STREET ADDRESS		3.3. STREET ADDRESS	1125 MALLORIA PRUKE			
CITY-ST-ZIP		3.4 CITY - ST - ZIP	BONDSHOW, FL 34209	3		
TITLE	☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition	
NAME		4.2 NAME				

5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*\*225.00 \*\*\*\*225.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE Yddition Yd / QU 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS

6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. 1 TITLE

CITY-ST-ZIP 6.4 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 cytinged, or on an attaylingent with an address.

**SIGNATURE:** 

STREET ADDRESS

CITY ST-ZIP

TITLE

NAM

DELETE