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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088069 (6)

R.E.C. FILL SALES, INC.

FILED Jan 27 1998 8:00am Secretary of State



D. 1.0					
Principal Place of Business Mailing Address					
1280 S.W. 26TH AVENUE 1280 S.W. 26TH AVENUE SUITE 4					
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312		312		DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified		
				11/16/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		7		65-0636995	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22				5. Continuate of States Desired	Fee Required
L				6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip	Country		Trust Fund Contribution	Added to Fees
24 25	29	30		8. This corporation owes or has paid the o	urrent year Intangible XYes No
9. Name and Address of Current		1301		Personal Property Tax due June 30. 10. Name and Address of New Registere	
			Name		o Algoni
6950 CYPRESS ROAD					***
SUITE 101		82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33317		83			
		B4 (City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the section of the se	and 607.1508, Florida Statut	es, the above-n	named corpo	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida, Such change was a ions of Section 607,0505. Fire	authorized by th	ne corporatio	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	10110 01, 0000011 107.0000, 110	onde Glatoles.			
Signature, typed or printed name of registered agent	and title if applicable (NOT	L: Registered Agent s	signature required	d when reinstating) DATE	
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE			Change Addition
		1.2 NAME			
FT : ALIBERTALE CLARALA		1.3 STREET AD	DRESS		1
CITY-ST-ZIP FT. LAUDERDALE FL 33312		1.4 CITY - ST - Z	TIP		
TITLE SD	☐ DELET E	2.1 TITLE			Change Addition
1990 C.M. OCTH AVENUE CHITE A		2.2 NAME			1
PT LAUNTONALE EL ANALA	CA	2.3 STREET AD			
CITY-ST-ZIP FT. LAUDERDALE FL 33312	DELETE	2. 4 CITY - ST - 2	ZIP		
NAME	LJ OEEE IE	3.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME			
		33 STREET ADI			
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-7 4.1 TITLE	TIP .		Change Addition
NAME	Cal Octobe	4.1 THE 4. 2 NAME			Change Addition
STREET ADDRESS		4. 2 NAME 4.3 STREET ADD	DDECC		
CiTY-ST-ZIP					
TITLE	☐ DELETE	4.4 CITY - ST - ZI 5.1 TITLE	IP		Change Addition
NAME		5.2 NAME			C Change C Additions
STREET ADDRESS		5.3 STREET ADD	ngecs		
CITY-ST-ZIP	•		1		
TITLE	☐ DELET E	5.4 CHY-SI-ZI 6.1 TITLE	<u>"</u>		Change Addition
NAME		6.2 NAME			C Ondrigo C AutomOff
STREET ADDRESS		6.3 STREET ADD	2239C		
CITY-ST-Z#P		6.4 CITY - ST - ZI			
		0.4 0111-31-21	<u>"</u>	ection 119.07(3)(i), Florida Statutes. I further o	

4. 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 familiar food 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 feeding or trustee empowered to execute this openings required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ area from the feeding of the feeding of

CICMATUDE.

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