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

DOCUMENT # P960000022324 1. Corporation Name

RECOBOND, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90253 034 ***158.75

Principal Place of Business Mailing Address 3527 AVENUE K RIVIERA BEACH, FL 33404						DO NOT WRIT	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed Feb. 1996				
2. Principal Place of Business 21 3527 Avenue K 26 26						4. FEI Number 65-0683195			pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional		
City & State City & State City & State City & State 28						6-Election Campaign Financing Trust Fund Contribution		\$5.00 No. Bo	
Zip 33	Country Zip Country					8. This corporation owes the curre	ent year In	tangible	
24	[25] [29] [30]					Personal Property Tax.		Yes	□No
	9. Name and Address of Current I	Registered Agent		a		10. Name and Address of New R	egistered	Agent	
D.3.7.	t pprocess		8	1 Nar	ne DA	ALE J. BRISSON			
DALE J. BRISSON				2 Stre			ble)		
1002 S. OCEAN BLVD.					1	ss (P.O. Box Number is Not Accepta 002 S. OCEAN BLV	D.		
DELRAY BEACH, FL 33483				3					
				4 City					Code 483
11 Purcuant	to the provisions of Spetions 607 0503	and 607 1508 Florida Statutes	the abo	VO DOM					
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE COLOR AS () COLOR DE LE COLOR D									
12,	Signature, typed of intendinate of registered agent a OFFICERS AND		13.	ent signati	ure requirea v	ADDITIONS/CHANGES TO OFF		ID DIRECT	ORS IN 12
TITLE	PRESIDENT ~	DELETE	11 TITLE			ADDITIONS/CHANGES TO OTT	IOLNO AI	Change	Addition
	Dale J. Brisson		1 2 NAME			•		onango	
NAME	1000 C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	Delray Beach, Fl 33483 □ DELETE		1.4 CITY-ST-ZIP		-				- Addition
TITLE	☐ DELETE		2.1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		SS				
CITY-ST-ZIP				2.4 CITY-ST-ZIP					
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NAME			3.2 NAME	•					
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CITY-ST-ZIP			3.4. CITY-	-ST-ZIP					
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NAME			5.2 NAME						1
STREET ADDRESS			5.3 STREA	ET ADDRE	ss				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	-				
TITLE	· · ·	☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						_
STREET ADDRESS			6.3 STREE	ET ADDRE	ss				•
CITY-ST-ZIP		•	64 CITY-						
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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: Bussing of J. Brisson - President

561-845-8681

Davtime Phone #