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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600026655 (6)

GLOBAL TIRE RECYCLING OF OSCEOLA COUNTY, INC.

Principal Place of Business 633 S ANDREWS AVE. 3RD FL Mailing Address

633 S ANDREWS AVE. 3RD FL FT LAUDERDALE FL 33301-2860

## FILED Apr 16 1997 8:00am Secretary of State



FT LAUDERDA	LE FL 3330	1	FIL	AUDERDALE PL 3	3301-2000							
									Date Incorporated or Qualified 03/20/1996	Sa. Date of Last Report		
2. Principal Pl			2a. N	failing Address				4.	FEI Number			Applied For
21 4/9 3	SW 31	ROAD	26	419 SW	31 RO	AD			65-0663701			Not Applicable
Suite, Apt	#, etc		<b>⊢</b>	luite, Apt. #, etc.				5.	Certificate of Status Desired			5 Additional
22 -				27				4			<del></del>	Required
City & State	mı ,F	٠٤	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zφ	• •	Country	···	ip	ļ	untry		8.	This corporation has liability for			er s. 199.032,
24 3314		25 USA	29	33/29	30	- 4	54			7	J No	······
		e and Address of Curr	ent Registe	red Agent		81	Name	10.	Name and Address of New Ro	gistered	Agent	
	E, R ALAI					\ <b>°</b> '	Name					
		EWS AVE, 3RD FL ALE FL 33301				82	Street Add	dress (F	P.O. Box Number is Not Accepta	ble)		
FIL	נאטטבאט	ALE FL 33301				83	<u> </u>					
						84	City			FI	85 2	up Code
office or re agent. I all SIGNATURE	egistered a m familiar v	igent, or both, in the Sta vith, and accept the obl	ate of Florida ligations of, \$	. Such change wa Section 607.0505,	as authoriz , Florida Sti	ed b atute	y the corpores.	ation's I	on submits this statement for the board of directors. I hereby acce	pt the app	ointment	as registered
	Signature type	id or grinded name of registered i					ent signature req			DATE		
12.		OFFICERS A	AND DIRECT		13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT Chan	
TITLE		R. ALAN		DELETE		TITLE			IPITIS	)	L_ Chan	ge 🔼 Abdition
NAME		n. Aldan Andrews ave, 3rd	Fi			NAME		ار درن	BRIAN FIFER			
STREET ADDRESS		DERDALE FL 33301					ADDRESS		AMI, FL 33/29			
CITY-S1-ZIP TILLE	,,,,,,			DELETE		TITLE	ST-ZIP	****	7011 11-0 33107		☐ Chan	ge Addition
NAME					1	NAME						-
STREET ADDRESS					2.3	STREE	ADDRESS					
CITY-ST-70F					2.4	CITY-	ST-ZIP			Ne.		
Title				☐ DELETE	31	TITLE					Chan	ge Addition
NAME					3.2	NAME	1					
STREET ADORESS					3.3	STAEE	T ADDRESS					
CITY -ST-7/P				Lleriere			ST-ZIP			· · · · · · · · · · · · · · · · · · ·	Char	ge Addition
1171.6				☐ DELETE		TITLE					[] Chan	ige [_] Addid()(i)
NAME.					- 1	NAME						
STREET ADORESS							T ADDRESS ST-ZIP					
CITY-ST-ZIP TITLE				DELETE		TITLE	01 - ZE	····			Char	ge Addition
NAME				-		NAME						
STREET ADDRESS					5.3	STREE	T ADDRESS					•
CITY-ST-ZIP					5.4	CITY-	ST-ZIP					
TITLE				☐ DELETE	6.1	TITLE					Char	nge 🔲 Addition
NAME					6.2	NAME						
STREET ADDRESS					6.3	STREE	T ADDRESS					
COTY - ST - ZIP	L		· W ·		6.4	CITY-	ST-ZIP					····

I. I do 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.

SIGNATURE:

CHATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

14/97 305-

305-856-4348