

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000030776 (4)

1. Corporation Name
SOUTH FLORIDA FIBER RECOVERY, INC.



Principal Place of Business 2825-B STONEWAY LANE FT. PIERCE FL 34982	Mailing Address 2825-B STONEWAY LANE FT. PIERCE FL 34982-6118
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3. Date Incorporated or Qualified 04/02/1996	3a. Date of Last Report
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2. Principal Place of Business 21 107 Ridgewood Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 2725 Suite, Apt. #, etc.	4. FEI Number 65-0664386	Applied For Not Applicable
22 City & State 23 Clewiston, FL	27 City & State 28 Clewiston, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33440	25 Country Hendry	29 Zip 33440	30 Country Hendry
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SANDELLI, MICHAEL S
2825-B STONEWAY LANE
FT. PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDELLI, MICHAEL S	1.2 NAME	SANDELLI, MICHAEL S.
STREET ADDRESS	2825-B STONEWAY LANE	1.3 STREET ADDRESS	2825-B STONEWAY LANE
CITY-ST-ZIP	FT. PIERCE FL 34982	1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDELLI, MICHAEL S.	2.2 NAME	SANDELLI, ALFRED J., JR.
STREET ADDRESS	2825B STONEWAY LANE	2.3 STREET ADDRESS	107 RIDGEWOOD AVE.
CITY-ST-ZIP	FT. PIERCE, FL 34982	2.4 CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDELLI, ALFRED J., JR.	3.2 NAME	SANDELLI, ROBERTA F.
STREET ADDRESS	107 RIDGEWOOD AVE.	3.3 STREET ADDRESS	107 RIDGEWOOD AVE.
CITY-ST-ZIP	CLEWISTON, FL 33440	3.4 CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	SEC/TREAS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SANDELLI, ROBERTA F.	4.2 NAME	
STREET ADDRESS	107 RIDGEWOOD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 33440	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: Robert F. Sandelli **ROBERT F. SANDELLI** 4/29/97 941-983-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)