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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030776 (4)

1. Corporation Name

SOUTH FLORIDA FIBER RECOVERY, INC.

Principal Place of Business

107 RIDGEWOOD AVE.
CLEWISTON FL 33440
US

Mailing Address

P.O. BOX 2725
CLEWISTON FL 33440
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

65-0664386

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDELLI, MICHAEL S
2825-B STONEWAY LANE -
FT. PIERCE FL 34982 ---
102 Ridgewood Ave.
Clewiston, FL 33440

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SANDELLI, MICHAEL S
STREET ADDRESS 2825-B STONEWAY LANE
CITY-ST-ZIP FT. PIERCE FL

11 TITLE P/D ☒ Change ☐ Addition

12 NAME SANDELLI, MICHAEL S.
13 STREET ADDRESS 102 Ridgewood Ave.
14 CITY-ST-ZIP Clewiston, FL 33440

TITLE VP ☐ DELETE

NAME SANDELLI, ALFRED J JR.
STREET ADDRESS 107 RIDGEWOOD AVE.
CITY-ST-ZIP CLEWISTON FL

21 TITLE VP/D ☒ Change ☐ Addition

22 NAME SANDELLI, ALFRED J., JR.
23 STREET ADDRESS 107 Ridgewood Ave.
24 CITY-ST-ZIP Clewiston, FL 33440

TITLE ST ☐ DELETE

NAME SANDELLI, ROBERTA F
STREET ADDRESS 107 RIDGEWOOD AVE.
CITY-ST-ZIP CLEWISTON FL

31 TITLE S/D ☒ Change ☐ Addition

32 NAME SANDELLI, ROBERTA F.
33 STREET ADDRESS 107 Ridgewood Ave.
34 CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE T/D ☐ Change ☒ Addition

42 NAME SANDELLI, KAREN A.
43 STREET ADDRESS 102 Ridgewood Ave.
44 CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

SIGNATURE:

Robert F. Sandelli, ROBERTA F. SANDELLI 4/28/98

941-983-9295

CR2E034 (10/97)