## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000042773 (7)

## **FILED** Sep 12 1997 8:00am Secretary of State

	I FLORIDA RECYCLING, IN		,			
,	ce of Business	Mailing Address			(a)	
2241 NW 15 COURT 2241 NW 15 COURT POMPANO BEACH FL 33069 POMPANO BEACH FL 33069			33069	DO NOT WEITE	IN THIS SPACE	
-				3. Date Incorporated or Qualified	3a. Date of Last Report	
				05/20/1996	va. Date of Last Report	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-06857	Not Applicable	
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24	25	29	[30]	Personal Property Tax due June		
1.5	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	ON, FRANCISCO E 41 NW 15 COURT		I Italile			
POMPANO BEACH FL 33069			82 Street #	82 Street Address (P.O. Box Number is Not Acceptable)		
1.00	MICANO DEACH FL 33009		83			
351 M						
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508, Florida Sta	alutes, the above-named	corporation submits this statement for the		
office or	registered agent, or both, in the Statem familiar with, and accept the oblid	e of Florida. Such change wa pations of Section 607 0505	as authorized by the corp Florida Statutes	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE		y	,			
	Signature, typed or printed name of registered as		NOTE Registered Agent a gnature		DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE		☐ DELETE	1.1 Trīle	PRESIDENT	Change Addition	
NAME			1.2 NAME	FARNCISCO E. LEON		
STREET ADDRESS			1.3 STREET ADDRESS	TSO E. HAMPION COM	2/72	
CITY-ST-ZIP		DELETE	1.4 CITY-ST-ZIP	130 E. HAMPTON WAS SUPITED, Fl. 33 VICE PARSIDENT	Change Addition	
TITLE	ļ	L. DELETE	2.1 TITLE	VICE PARSIDENT	Cusula Chaumini C	
NAME	•		2.2 NAME	CELIX LEON	45	
STREET ADDRESS			2.3 STREET ADDRESS	11773 MM 58 500	61 33065	
CITY-ST-ZIP TITLE			2.4 CITY-ST-ZIP	CORRISPRINCS	F-7.33063	
NAME		DELETE			I I Change   EAddition	
HIPTONILL.		☐ DELETE	3.1 TITLE	FELIX LEON 11773 NW 28 COU. CORAL SPRINGS,	Change	
CIDEEL VUURDECC	1	☐ DELETE	3.2 NAME		Change L Addition	
STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		Change LI Addition	
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
CITY-ST-ZIP TITLE NAME			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME			
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I do nereby 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.