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

Mailing Address

10400 GRIFFIN ROAD. SUITE 201-

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000044210

1. Corporation Name

Principal Place of Business

10400 GRIFFIN ROAD, SUITE 201

RECYCLING NETWORK, INC.

ORT=LAUDERD	ALE: FL= 33328	FORT LAUDERDALE FL 333	28		DO NOT WRITE	IN THIS SP	ACE	
					3. Date incorporated or Qualifed 05/16/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1 26					65-0710839		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						A S	8.75 / Fee Re	Additional equired
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution		Added	
Zip Country Zip			Coun	ry	8. This corporation owes the current	t year Intang	ible	
4	25 29 30				Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Age	nt	
			8	1 Name				
MARKS, JONATHAN S				12 Street Add	trace (D.O. Boy Number is Not Assentable	<u></u>		
10400 GRIFFIN ROAD, SUITE 201				Street Add	fress (P.O. Box Number is Not Acceptable	0)		
FOR	T LAUDERDALE FL 33328		1	13	of the agreement of the state o			
			L					
			8	14 City		FI 8	15 Zip (Code
44	to the provisions of Scotions 507 050	2 and 607 1509 Florida Statute	e the abo	we-named cor	poration submits this statement for the pu	rnose of cha	naina its	registered
omce or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida, Such change was au	JUNONZEU I	y trie corporat	ion's board of directors. I hereby accept	me appointm	ent as re	gistered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agen			gent signature requir	ed when reinstating)		NECTO	DC IN 12
12.		ID DIRECTORS	13.	= 1	ADDITIONS/CHANGES TO OFFI		Change	Additio
TITLE			1.1 TITL			_] Onlango	
NAME	MARKS, JONATHAN S		1.2 NAW					
STREET ADDRESS	780 VERONA LAKE DRIVE		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		_	-\$T-ZIP			3.01	C 4 4 4 10 1 -
TITLE		☐ DELETE	2.1 TTL	Ē		L.) Change	Addition
NAME			2.2 NAW	E				
STREET ADDRESS			2.3 STR	EET ADORESS				
CITY-ST-ZIP			2. 4 CIT	/-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	<u> </u>			Change	Addition
NAME			3.2 NAM	Ę				
STREET ADDRESS			3.3 STR	ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE	1	☐ DELETE	4.1 TITL			, [] Change	Addition
NAME		_	4. 2 NAM	ľ				
STREET ADDRESS		پیستے ن د د دیدہ بڑے ہ		EET ADDRESS	ere e zam ir	7 -5 5	7	
i				-ST-ZIP				
CITY-ST-ZIP		DELETE	5.1 TITL				Change	Additio
TITLE	,	[J OCEL E	5.1 (I) L		•	_	···a*	Augus
NAME				EET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		□ actor		-ST-ZIP	-		Chases	☐ Addisi~
TITLE		☐ DELETE	6.1 TITL			L] Change	Additio
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR	EET ADDRESS				
Į.	, ,		6.4.CTD	OT 70				

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 section of the corporation of the section of the

SIGNATURE:

954-610 6600

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90017 007 ***158.75