

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

FILED
May 01 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 # P96000046707 (1)

1. Corporation Name
LMN WOOD RECYCLING CO.



Principal Place of Business
5610 RANCHES ROAD
LAKE WORTH FL 33463

Mailing Address
5610 RANCHES ROAD
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1996	
21		26		4. FEI Number 65-0680409	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CORNELIUS, LEE
5610 RANCHES ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

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 607.0502 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELIUS, LEE	1.2 NAME	CORNELIUS, MICHAEL
STREET ADDRESS	5610 RANCHES ROAD	1.3 STREET ADDRESS	5610 RANCHES ROAD
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33463
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELIUS, MICHAEL	2.2 NAME	CORNELIUS, LEE D JR
STREET ADDRESS	5610 RANCHES ROAD	2.3 STREET ADDRESS	5610 RANCHES ROAD
CITY-ST-ZIP	LAKE WORTH FL 33463	2.4 CITY-ST-ZIP	LAKE WORTH, FL. 33463
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLINSTRUB, LEA M	3.2 NAME	CORNELIUS, LEE
STREET ADDRESS	5610 RANCHES ROAD	3.3 STREET ADDRESS	5610 RANCHES ROAD
CITY-ST-ZIP	LAKE WORTH FL 33463	3.4 CITY-ST-ZIP	LAKE WORTH, FL. 33463
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETREAUH, DONALD N	4.2 NAME	
STREET ADDRESS	119 PONCE DE LEON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	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 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 _____ 4/12/98

CR2E034 (10/97)