

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000055027

1. Corporation Name

AMERICAN ASH RECYCLING CORP. OF NEW YORK

Principal Place of Business

6622 SOUTHPOINT DRIVE SOUTH STE 310  
JACKSONVILLE FL 32216

Mailing Address

6622 SOUTHPOINT DRIVE SOUTH STE 310  
JACKSONVILLE FL 32216

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MANNING, G S  
50 N LAURA ST  
STE 3900  
JACKSONVILLE FL 32202

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

*Edward A. Della*  
Signature, typed or printed name of registered agent and board if applicable

(NOTE: Registered Agent signature must be dated and dated 3/10/99)

12. OFFICERS AND DIRECTORS

TITLE

S

[ ] DELETE

NAME

FLETCHER, B L

STREET ADDRESS

5020 YACHT CLUB RD

CITY-ST-ZIP

JACKSONVILLE FL 32210

TITLE

CDPT

[ ] DELETE

NAME

GIBBES, WILLIAM R

STREET ADDRESS

1428 INDIAN WOOD DRIVE

CITY-ST-ZIP

NEPTUNE BEACH FL

TITLE

DEVP

X DELETE

NAME

CARRAUS, GARY

STREET ADDRESS

7032 CYPRESS BRIDGE CIRCLE

CITY-ST-ZIP

PONTE VERDE FL

TITLE

[ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[ ] DELETE

NAME

STREET ADDRESS

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)(b), 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. 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

NOT APPLICABLE

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 the current year intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

81 Name  
Intrastate Registered Agent Corporation

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

701 Brickell Avenue

83 Suite 3000

84 City

Miami

FL 85 Zip Code  
B3131

3/10/99  
DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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