

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000063290 (6)**

1. Corporation Name

A TO Z RECYCLING & SALVAGE, INC.

Principal Place of Business
**18800 EAST COLONIAL DRIVE
ORLANDO FL 32820**

Mailing Address
**18800 EAST COLONIAL DRIVE
ORLANDO FL 32820-3005**

FILED
May 09 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1996	3a. Date of Last Report 1997-10-10
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3441065	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BATES, BONNIE 18800 EAST COLONIAL DRIVE ORLANDO FL 32820		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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	BATES, RALPH	1.2 NAME	BONNIE Bates
STREET ADDRESS	18800 EAST COLONIAL DRIVE	1.3 STREET ADDRESS	18800 EAST COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32820	1.4 CITY-ST-ZIP	ORLANDO, FLA. 32820
TITLE	D	2.1 TITLE	
NAME	BATES, BONNIE	2.2 NAME	
STREET ADDRESS	18800 EAST COLONIAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32820	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WILSON, GREGORY W	3.2 NAME	
STREET ADDRESS	496 TAMARACK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ DATE: **4/18/97** DAYTIME PHONE: **407-268-2803**

CR2E034 (9/96)