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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1997

DOCUMENT # P96000083729 (9) PALM BEACH TRANSFER & RECYCLING, INC.

FILED Jun 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					B
11062 63RD COURT SOUTH 11062 63RD COURT SOUT BOYNTON BEACH FL 33437 BOYNTON BEACH FL 3343					
BOYNTON BEACH FL 33437	BUINIUM BEAUTI FL 334	437~4310			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/10/1996	
2, Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 call walls pd.	26 SMM	_		65-0701853	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27				Fee Required
23 Wast Rum Becok, Fl	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Wast Rum Becok, (1)	Zip	Country		Trust Fund Contribution	Added to Fees
24 3 5406 25 Ray m Beach		30		8. This corporation has liability for in	rtangibie tax under s. 199.032, Yes D No
Name and Address of Current		1901		10. Name and Address of New Reg	
AMERILAWYER CHARTERED		81	Name		
343 ALMERIA AVENUE		82	Ct-s-t Add	(D.O. Day Number in No. Accorded	
CORAL GABLES FL 33134			Street Add	ress (P.O. Box Number is Not Acceptab	е)
		83			
<i>•</i>			Oit		los I 7 O . d
~		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above	-named corp	poration submits this statement for the pr	urpose of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligati	r Florida. Such change was ons of, Section 607.0505, Fl	authorized by Iorida Statutes	the corpora s.	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					i
Signature, typed or printed name of registered agent			nt signature requi	ired when reinstating)	DATE SUBSCIENCE IN 18
12. OFFICERS AND THE John PASCALE - PR		13. 1.1 THTLE	Т	ADDITIONS/CHANGES TO OFFIC	Change Addition
י אווטט –	- Doctor	1.2 NAME			Contained Addition
STREET ADDRESS PARK KIND FT 33074		1.3 STREET	ADDRESS		1:
-		1.4 CITY-S			[1
CITY-ST-ZIP TITLE TACE I UNIT	DELETE	2.1 TITLE	1-211		☐ Change ☐ Addition
NAME IN AN CASE Ason Los		2.2 NAME	İ		
STREET ADDRESS 11064 68 CF -	S.	2.3 STREET	ANDRESS		
CITY-ST-ZIP GOUNTON beach	E1 38467	2. 4 City - 5			
TITLE	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME CHISTOPHER MAIN		3.2 NAME	1		
STREET ADDRESS 10717 FAMIS TEA		3.3 STREET	ADDRESS		
CITY-ST-ZIP Lake auth #1 3	3467	3.4. CITY-5	ST-ZIP		
TITLE BOCKETONY	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
	41 4	4. 2 NAME			
STREET ADDRESS 2000 PORT ROYAL C	Wv0	4.3 STREET	ADDRESS		
CITY-ST-ZIP UT Cand, PI	75300	4.4 CITY-S	T- ZIP		
TITLE	☐ DELETE	5.1 TITLE]		Change Addition
NAME CRANG PASCAIR		5.2 NAME	ĺ		
STREET AUDITESS	727 /Q	5.3 STREE1			
		5.4 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Obana Address
TITLE	DELETE	6.1 TITLE	[Change Addition
NAME		6.2 NAME			
STREET ADDRESS		63 STREET			
CITY-ST-ZIP		6.4 CITY - S	T-ZIP		

I do hereby certify that the information supplied with this filling 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 or an attendment with an appears.