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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000090467 (7)

1. Corporation Name
RECOMPOSITES, INC.

Principal Place of Business
1025 NORTH WATERWAY DRIVE
FORT MYERS FL 33919

Mailing Address
1025 NORTH WATERWAY DRIVE
FORT MYERS FL 33919



REINSTATEMENT

98-99

2. Principal Place of Business
21 9211 BAYBERRY BEND
Suite, Apt. #, etc.
22 203
City & State
23 FT. MYERS, FL.
Zip Country
24 33908 25 USA

2a. Mailing Address
26 9211 BAYBERRY BEND
Suite, Apt. #, etc.
27 203
City & State
28 FT. MYERS, FL.
Zip Country
29 33908 30 USA

3. Date Incorporated or Qualified
11/04/1996

4. FEI Number
65-0743822

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
JOAN L. WHITE
82 Street Address (P.O. Box Number is Not Acceptable)
9211 BAYBERRY BEND
83 APT. 203
84 City
FT. MYERS FL 85 Zip Code
33908

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 *Joan L. White* DATE 8/27/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PSTD		
	WHITE, JOAN L	1025 NORTH WATERWAY DRIVE	FORT MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

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*****900.00 *****900.00

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: *Joan L. White* DATE 8/27/99 (941) 437-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/97)