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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000099556

1. Corporation Name

AJH RECYCLING, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90012 050 ***150.00



of Business	Mailing Address		·			
of ale at ale We	2 260 2554 SW 37711 87					
HAVIE FL 33314				DO NOT WRITE IN THIS SPACE		
2750 9VE 5	5 Street			3. Date Incorporated or Qualifed		
St Landerdale.	FL 33308			12/09/1996	 	
	2a. Mailing Address			1	<u> </u>	lied For
	26			65-0726527		Applicable
#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	~	I
	27					
е	⊢ ´					- 1
		Col	intry		ntangible	
	├─ ┐ `	3	,	Personal Property Tax.	Yes	□No
25		1301	T	10. Name and Address of New Registere	d Agent	
9. Name and Address of			81 Name			ŀ
IANN, ANNABELLE	E. Mr & M rs Ken Han	nann	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
SW 57TH ST	2750 NF. 55 C+++	ot	SE GUEST Addi			
E-FL-3 3314	Blandonfolo To	56 	83	·		
1	Frimmervale, FL 3	13308	84 City		85 Zip C	ode
			0.0			*
to the provisions of Sections 6	07.0502 and 607.1508, Florida Statut	les, the a	above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its ointment as reg	registered
				J = 1	1 60	
· / L. Add /	l harm			DATE	<u> </u>	
Signature, typed or finted name of regis	nored agon and were approximately			ad when reinstating)	AND DIRECTO	RS IN 12
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DAVIE FL 33314	□ DELETE	2.1 T				
					☐ Change	Addition
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	Country 25 9. Name and Address of ANN, ANNABELLE SW 57TH ST E-FL-33314 to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accord the m familiar with, and accord the manufacture, typed or minded name of egistered agent, or both and according to the manufacture of the state of	ANN, ANNABELLE SW 57TH ST EFL 33314 Country Signature, typed on finited name of Egistered agent and title if applicable. OFFICERS AND DIRECTORS PSTD HAMANN, ANNABELLE OFFICERS AND DIRECTORS PSTD HAMANN, ANNABELLE OFFICERS AND DIRECTORS	ANN, ANNABELLE SW 57TH ST E-FL 33314 Signature, typed or Firsted name of egistered agent and title if applicable. OFFICERS AND DIRECTORS PSTD HAMANN, ANNABELLE OFFICERS AND DIRECTORS PSTD HAMANN, ANNABELLE OFFICERS AND DIRECTORS DAVIE FL 33314 PSTD HAMANN, ANNABELLE OFFICERS AND DIRECTORS DAVIE FL 33314 PSTD HAMANN, ANNABELLE OFFICERS AND DIRECTORS 133 DAVIE FL 33314	ANN, ANNABELLE STATE STATE SIGNATURE OF SECTIONS 607.0502 and 607.1508, Florida Statutes, the above-named correspistered agent, or both, in the State of Florida. Such change was authorized by the corporation familiery with, and accept the philipations of, Section 607.0505, Florida Statutes, the above-named correspistered agent, or both, in the State of Florida. Such change was authorized by the corporation familiery with, and accept the philipations of, Section 607.0505, Florida Statutes. Signature, typed outfinited name are degistered agent and utile if applicable. OFFICERS AND DIRECTORS 13. PSTD HAMANN, ANNABELLE 6851 SW 57TH-ST 13 STREET ADDRESS	DO NOT WRITE IN THI 2750 NE 55 Street 3. Date incorporated or Qualified 12(09/1996) 3. Date incorporated or Qualified 12(09/1996) 4. FEI Number 65-0726527 5. Certificate of Status Desired Country Zip Zip Zip Zip Zip Zip Zip Zi	# det. Suite, Apt. #, etc. Suite, Apt. #

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE