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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000020846 (6)

FLORIDA RECYCLERS OF BREVARD, INC.

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place	Al Ruginoce	Mailing Address					
1666 W LHOLO		•					
1886 W. HIBISCUS BLVD. MELBOURNE FL 32901		1888 W. HIBISCUS BLVD. Melbourne fl 32901					
					DO NOT WRITE IN THIS	SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>03/03/1997</li> </ol>		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	T <sub>A</sub>	pplied For
21		26			59-3435871	<del> +-</del>	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27	<u></u>		5. Certificate of Status Desired	Fee R	equired
City & State		City & State			6. Election Campaign Financing		May Be
23]		28			Trust Fund Contribution		to Fees
Zip	Country	Z <sub>i</sub> p	Cour	าเญ	8. This corporation owes or has paid the cu		tangible No
24	25 9. Name and Address of Curre	29   Int Registered Agent	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registered		
				81 Name	144		
	US, TIMOTHY C						
	18 W. HIBISCUS BLVD. LBOURNE FL 32901			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
····	LDOUMNE PL 32801		r	83	<u> </u>		
			<u>,</u>		- The state of the	<del></del>	
				B4 City	Fi	<b>85</b> Zip	Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the ab	ove-named co	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	f changing i	its registered
office or re	igistered agent, or both, in the Stat in familiar with, and accept the oblid	e of Florida. Such change was realions of Section 607,0505. F	authorized Iorida Stati	t by the corpo	ration's board of directors. I hereby accept the app	pointment as	s registered
-		g	a Didit				
DICKIATURE							
SIGNATURE	Signature, typed or printed name of registrated ag	gent and title if applicable (NC	TE Registered	Agent signature re	quired when reinstating) DATE		
12.	OFFICERS AT	ND DIRECTORS	TE Registered	Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
<u> </u>	OFFICERS AF					DIRECTO	
12.	OFFICERS AF D JELUS, TIMOTHY C	ND DIRECTORS	13.	LF	D Evans, Hugh M. Jr.		
12. TITLE MAME STREET ADDRESS	OFFICERS AT D JELUS, TIMOTHY C 1888 W. HIBISCUS BLVD.	ND DIRECTORS	13. 1.1 Tits 1.2 NAI	LF	ADDITIONS/CHANGES TO OFFICERS AND D		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT D JELUS, TIMOTHY C 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901	ND DIRECTORS	13. 1.1 THY 1.2 NAI 1.3 STF 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP	D Evans, Hugh M. Jr.	Change	X Addition
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or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in

SIGNATURE

4/30/98