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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033841 (2)

RECYCLE REALTY, INC.

FILED Mar 05 1998 8:00am Secretary of State

HEOTOLE HEALTH, INO				<u> </u>
Principal Place of Business	Mailing Address		_	
18400 GULF BOULEVARD. #1409	18400 GULF BOULEVARD.	#t#no		
INDIAN SHORES FL 33785	INDIAN SHORES FL 33785			
			DO NOT WRITE IN TH	S SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a, Mailing Address		04/14/1997 4. FEI Number	Applied For
21	26		4. 72. 14.11.00	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	— · —
24 25 25 Name and Address of Currer		30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
	II Magierolou Agent	81 Name	IV. Hallo sila Naulosa of Half Inglistora	a rigoni
Bramberg, R. William Jr. 18400 Gulf Boulevard, #1409				
INDIAN SHORES FL 33785		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
INDIAN SHURES PE 33/03		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.	on's board or directors. Thereby accept the a	ppointitioni as registered
SIGNATURE				
Signature, typed or printed name of registered age	ont and title if applicable. (NOTE D DIRECTORS	Registered Agent signature require	<u> </u>	
DULLUKNI	DOLLETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME R. WILLIAM BRAMBERG	Jn.	1.2 NAME		<u></u>
STREET ADDRESS 18400 GULF BLYO A	41409	1.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP INDIAN SHORKS	FL 33785	1.4 CITY-ST-ZIP	·	
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELET E	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-ZiP	T progre	3.4. CITY - ST - ZIP		[] (A) [] (A) (B) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
TITLE	DELETE	4.1 TITLE		Change L Addition
NAME		4. 2 NAME		-
STREET ADDRESS		4.3 STREET ADDRESS		Ţ
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	Occur	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		İ
CHY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
14. I hereby certify that the information supplied w	ith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Thereby extra that the information supplies whit washing does not quality for the exemption stated in Section 119.7(5)(f), Fiorida Statutes. Internet 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.

CIONATURE

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28.98

813-181-5000