

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000034757 (9)

1. Corporation Name

A C M WASTE RECOVERY, INC.

Principal Place of Business

513 N STATE RD 7  
MARGATE FL 33063

Mailing Address

513 N STATE RD 7  
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0746735

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

8. 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

RICH, DAVID L  
513 N STATE RD 7  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

Rich, Maria Ann

82 Street Address (P.O. Box Number is Not Acceptable)

932 SW 131 Way

83

84 City

Davie

FL

85 Zip Code

33325

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 *Maria Ann Rich VP*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D  
STREET ADDRESS NERI, CLEMENTE B  
CITY-ST-ZIP 4131 SW 56TH TER  
DAVE FL 33314

TITLE ☒ DELETE

NAME D  
STREET ADDRESS DENORO, ALLEN  
CITY-ST-ZIP 4131 SW 56TH TER  
DAVE FL 33314

TITLE ☐ DELETE

NAME D  
STREET ADDRESS Riffle, George E.  
CITY-ST-ZIP 8624 SW 23 ST.  
Ft. Lauderdale, FL 33312

TITLE ☐ DELETE

NAME D  
STREET ADDRESS Rich, Maria Ann  
CITY-ST-ZIP 932 SW 131 Way  
Davie, FL 33325

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *[Signature]*

4/27/98

(954) 423-8345

CR2E034 (10/97)