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

P**R**OFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700056287 (0)

SUNCOAST RECYCLING COMPANY

ncipal Place of Business	Mailing Address
134 FLETCHERS POINT CIRCLE	2234 FLETCHERS POINT CIRCLE
AMPA FL 33613	TAMPA FL 33613

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								I JABINARI I	IBI BOND BUND NUBEL	Bill 1841 1841			
2234 FLETCHERS POINT CIRCLE		2234	2234 FLETCHERS POINT CIRCLE										
TAMPA FL 33613			TAMP	TAMPA FL 33613				DO NOT WRITE IN THIS SPACE					
								3. Date Incor	porated or Qua	alified			
								06/25/1	997				
	pal Place of Busi	noss	26. Ma	illing Address	-30 M			4. FEI Number	9r	000	· · · · · · · · · · · · · · · · · · ·	Applied For	
21 Suite	Suite, Apt. #, etc.			ite, Apt. #, etc.	280	<u> 210</u>		<u> 5''</u>	246C	04		Not Applicable	
22	-			27				5. Certificate of Status Desired \$8.75 Additional Fee Regulred					
$\overline{}$	City & State			City & State			-	6. Election C	ampaign Finan	cina		0 May Be	
23			28	RAMPA	<u>, +L</u>			Trust Fund	l Contribution	<u> </u>	4	d to Fees	
Zip		Country	Zu	7/87	Country	,				•	ne current year l		
24	a Nama	25	29 >	260 C	30				roperty Tax du Address of N			№ No	
9. Name and Address of Current Registered Agent								D. Isamo Biro	NOUIDS OF IT	iow nogiati	olog Ageill		
NELSON, RANDY 2234 FLETCHERS POINT CIRCLE								/B O B					
TAMPA FL 33613					82	Street	Address	(P.O. Box Nu	mber is Not Ac	ceptablej			
	114711 711 2 00				83		*						
					84	City					85 Zip	o Code	
											<u> </u>		
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.													
SIGNAT	URF	·	•										
	Signature types	for present name of registered at			If Registered Age	nt signatur	e required wi				ATE		
12.		OFFICERS AF	ND DIRECTO	DELETE	13. 1.1 FUTLE		1.	ADDITIONS	/CHANGES TO	OFFICERS	S AND DIRECTO		
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r nereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 an attachment with an address