SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Sep 11 1998 8:00am Secretary of State

8-27-98 305-793-6163

<u> </u>	98	STATE !	DIVISION	OF CORPORATION				
DOCUME 1. Corporation Name	NT #	ms/A	tiFRE	eze R	ecyc	lers, enc.		
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Principal Place of Bu	w. 4 5	Mailin	g Address	1 1		7		
	1. FL 33	•		J 112	м е	3. Date Incorporated or Qualified	997	
101/10 -001	, , , , , , , , , , , , , , , , , , , ,	7/ <i>E</i> : 4				4. FEI Number		Applied For
2. Principal Place of	(Gueinaan	T 20 14	ailing Address			65-07736/2		Not Applicable
2. Francipal Flace of	posiness	26				5. Certificate of Status Desired		5 Additional Required
Suite, Apt. #, etc] S∪ 27	ite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution		May Be d to Fees
City & State			ly & State			7. Is this nonprofit corporation a hor	meowners associa	
3	Country	28		Country		This corporation owes or has pair	Yes No	Intannible
4	25	29		30	· 	Personal Property Tax due June 3		No No
	Name and Address of C		d Agent	B1	Name	10. Name and Address of New Reg	gistered Agent	
Flie	R seea	24						
4911	h.w.	7 = 1e	<i>K</i> ,	82	Street Add	fress (P.O. Box Number is Not Acceptable	e)	
BIN	ismi, FC	33/2	<u>-</u>	83				
				B4	City		EI 85 Z	ip Code
11. Pursuant to the	provisions of Sections 617	7.0502 and 617.1	508, Florida Sta	itules, the above	-named corp	poration submits this statement for the put	rpose of changing	its registered
 Pursuant to the police or register agent. I am fami 	provisions of Sections 617 ed agent, or both, in the S liar with, and accept the c	7.0502 and 617.1 State of Florida. S obligations of, Sec	508, Florida Sta uch change wa ction 617,0563,	itules, the above as authorized by Fibrid Statutes.	named corp the corporati	poration submits this statement for the pulion's board of directors. I hereby accept t	the appointment a	s registered
office or register agent. I am fami SIGNATURE	ed agent, or both, in the sliar with, and accept the c	State of Florida. Sobligations of, Sec RAZA	uch change wa clion 617 DF63	as authorized by Florid Statutes.	the corporati	ion's board of directors. I hereby accept t	the appointment a	s registered
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