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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000054506

1. Corporation Name

ORLANDO RECYCLING, INC.

May 04, 1999 8:00 am Secretary of State 05-04-1999 90153 013 ***150.00

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Principal Place of Business Mailing Address							1041(001 510 10101 5011 00511 44111 00111 00101	JICII WANDA NCE	il 40ica gitt 100t
1625 WEST PRINCETON STREET #7 1625 WEST PRINCETON STI ORLANDO FL 32804 ORLANDO FL 32804						Ì			
ONLANDO FE S2004 ONLANDO FE S2004						Ì	DO NOT WRITE IN THIS SPACE		
ı İ							3. Date Incorporated or Qualifed		
							06/18/1998		
Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For
21		26					59-3518484		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					2		5. Certificate of Status Desired		Additional -
22		27				ے حصہ ہ	3. Oct	Fee F	Required
City & State City & State							6. Election Campaign Financing		May Be
23	<u> </u>	28					Trust Fund Contribution		to Fees
Zip	Country	<u> </u>	Zip	Country	У		8. This corporation owes the current year Int	angible Yes	□No
24	25	29		30[Personal Property Tax.		LINO
	9. Name and Address of Curre	nt Regist	ered Agent	81		Jama	10. Name and Address of New Registered	-Agur	
CUTIEDDEZ 1117 M					81 Name				
Gutierrez, Luz M 1625 West Princeton Street #7				82	2 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32804					\perp	_			.
URLA	ANDU PL 32004			83	1				
				84	1 0	City		85 Zip	Code
							ation submits this statement for the purpose of		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was aut Section 607.0505, Florid	nonzed by da Statutes	/ the S.	e corporation	s poard or directors. Thereby accept the appoi	ntment as i	registered
	Signature, typed or printed name of registered ago				ent sig	gnature required w		ID DIDEOI	TODO IN 42
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	
TITLE	PD .		☐ DELETE	: 1.1 TITLE					
NAME	GUTIERREZ, LUZ M			1.2 NAME					
STREET ADDRESS	1625 WEST PRINCETON STRE	EI #7		1.3 STREE	ET AD	DORESS			
CITY-ST-ZIP	ORLANDO FL 32804			1.4 CITY-S	ST-ZI	IP .		Change	Addition
TITLE	VD		☐ DELETE	2.1 TITLE				☐ Change	3 Madition
NAME	GUTIERREZ, OSCAR			2.2 NAME		. l .			• .
STREET ADDRESS	1625 WEST-PRINCETON STRI	ET-#7-		2.3 STREE	-	- * / ** •			
CITY-ST-ZIP	ORLANDO FL 32804.		O BELETE	2. 4 CITY-	ST-Z	ZIP .		Change	e Addition
TITLE	STD		☐ DELETE	3.1 TITLE					- Lindigoli
NAME	WHITE, MARIA B	· ·		3.2 NAME		Į.			
STREET ADDRESS	1625 WEST PRINCETON STRI	:EI #7		3.3 STREE					
CITY-ST-ZIP	ORLANDO FL 32804		Operate	3.4. CITY-	ST-Z	ZIP	W. A. B. W. C.	Change	e
TITLE			☐ DELETE	4.1 TITLE					
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ET AD	DORESS			
CITY-ST-ZIP				4.4 CITY-5		IP			n Addition
mre (☐ DÉLÉTE	5.1 TITLE				Change	e
NAME				5.2 NAME		<u>.</u>			
STREET ADDRESS	·		•	5.3 STREE					
CITY-ST-ZIP				5.4 CITY-S		IP			. The same
TITLE			☐ DEFELE	6.1 TITLE				Change	e Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ET AD	DORESS			
CITY-ST-ZIP				6.4 CITY-5	ST-ZI	IP	<u> </u>		

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 chapter 607, and an attachment with an address, with all other like empowered.

407-872-1595