


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

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90010 001 *****8.75

03-19-1999 90010 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000075088					
1. Corporation Name STAR RECYCLING, INC.					
Principal Place of Business 3300 NW 27TH AVE POMPANO BEACH FL 33069			Mailing Address 3300 NW 27TH AVE POMPANO BEACH FL 33069		
2. Principal Place of Business 21 2097 SPAFFORD AVE.		2a. Mailing Address 26 1927 STRATFORD WAY		3. Date Incorporated or Qualified 08/27/1998	
22 Suite, Apt. #, etc. SUITE A		27 Suite, Apt. #, etc.		4. FEI Number 65-0894023	
23 City & State W. PALM BEACH, FL 33409		28 City & State W. PALM BEACH, FL 33409		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33409		29 Zip 33409		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			10. Name and Address of New Registered Agent 81 Name ANNETTE R. AKIVA 82 Street Address (P.O. Box Number is Not Acceptable) 2097 SPAFFORD AVE. 83 84 City W. PALM BEACH FL 85 Zip Code 33409		
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 <u>Annelle Akiva</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2-23-99</u>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MARZANO, PATRICK F			1.2 NAME ANNETTE AKIVA		
STREET ADDRESS 3300 NW 27TH AVE			1.3 STREET ADDRESS 1927 STRATFORD WAY		
CITY-ST-ZIP POMPANO BEACH FL 33069			1.4 CITY-ST-ZIP W. PALM BEACH, FL 33409		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: Annelle Akiva SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-99 561-471-0808
Date Daytime Phone #

CR2E034 (11/98)