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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # S00270



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90123 023 ***150.00

 Corporation 	Name							
•	E RECYCLING CENTER, INC	. .			ļ			
ALLOIAI	E HEOTOLING CENTER, IN	J .			I TORIZONE DIL MARIA POPUR DIANI PROGRAMINE DI CON	ORRIGENIAN ANTALI		
Principal Place	of Business	Mailing Address			-	A BIRNI BURNI RIBIN B	HARI BIBIL FARA	
198 NW 2ND ST DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441								
000111110000					DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed			
		<u>. </u>			10/29/1990	11.		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	 	plied For		
21		26		 	65-0226572	\$8.75 A	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_5. Certifcate of Status Desired		iquired ======	
City & Chato		City & State		a Floring Compaign Financian	\$5.00	·	_	
City & State		28			6. Election Campaign Financing Trust Fund Contribution	Added t		
Zip Country		Zip Country		8. This corporation owes the current year li				
24	25		sol		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current		, T		10. Name and Address of New Registered	d Agent		
			81	Name				
	BY, ROBERT		82	Stroot Addro	ses (P.O. Boy Number is Not Accentable)			
1449 SE 8TH STREET			62	Saeet Addre	ddress (P.O. Box Number is Not Acceptable)			
DEE	RFIELD BEACH FL 33441	•	83	i				
			84	Cit.		. 85 Zip (ode	
				,	F			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was a ons of. Section 607.0505. Flor	uthorized by rida Statutes	the corporation	n's board of directors, i hereby accept the app	omument as re	yistereu 	5
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Age	nt signature required				ģ
12.	OFFICERS AND	DIRECTORS	13.	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			607
12.	PST OFFICERS AND		13. 1.1 TITLE	nt signature required		AND DIRECTO	RS IN 12	(44,000)
	PST ZOGBY, ROBERT	DIRECTORS	13. 1.1 TITLE 1.2 NAME					(44,000)
TITLE	PST ZOGBY, ROBERT 1449 SE 8TH STREET	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	TADORESS				(00/44/00)
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP