

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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23474** (7)

1. Corporation Name
ENVIROCYCLE, INC.



Principal Place of Business
**849 SOUTHWEST 21ST TERR.
FT LAUDERDALE FL 33312
US**

Mailing Address
**200 E. LAS OLAS BLVD
SUITE 1420
FORT LAUDERDALE FL 33301-2248**

3. Date Incorporated or Qualified **01/08/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0243954

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 **450 E. Las Olas Blvd.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 City & State

28 **Ft. Lauderdale, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip

Country

29 Zip

Country

25

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ V ☐ DELETE
NAME **WRIGHT, PETER**
STREET ADDRESS **200 E. LAS OLAS BLVD 1420**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **450 E. Las Olas Blvd, Ste. 1200**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☒ DP ☐ DELETE
NAME **HUDSON, HARRIS W.**
STREET ADDRESS **200 E LAS OLAS BLVD #1420**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **450 E. Las Olas Blvd., Ste. 1200**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☒ V ☐ DELETE
NAME **HANDLEY, RICHARD L**
STREET ADDRESS **200 E. LAS OLAS BLVD., #1420**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **450 E. Las Olas Blvd., Ste. 1200**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Richard L. Handley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone

954-713-5600

2/14/97

CR2E034 (9/96)