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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$42366

(2)

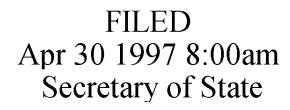
TRITECH RECYCLING, INC.

•

Principal Place of Business

P O BOX 2522 TAMPA FL 33601 Mailing Address

P O BOX 2522





TAMPA FL 330	01	TAMPA FL 33601-2522								
					04/02/1991 04/29/			of Last Report		
	lace of Business	28. Mailing Address			4. FEI Number		1	Applied For		
21	n	26				59-3063716			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & Stat	e 	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Ζιρ 29	Cou 30	nlry		· · · · · · · · · · · · · · · · · · ·	iability for intangible tax under s. 199.032,			
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Reg	istered .	Agent		
CON	iner, douglas b			81	Name					
) e 7th avenue IPA FL 33605		82 Street Ac			dress (P.O. Box Number is Not Acceptable	le)			
IVI	I A L 50000		}	83						
				84	City		FL	85 Zip	Code	
Office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	of Horida. Such change was ations of, Section 607.0505, F	authorized lorida Stati	d by utes	the corpora 5.	rporation submits this statement for the pration's board of directors. I hereby acception when reinstating	urpose of t the app	changing ointment a	its registered s registered	
12.	OFFICERS AN		18.	Age	ra signature requ	ADDITIONS/CHANGES TO OFFIC		DIBECTO	190 INI 10	
TITLE	PD	DELETE	1170	 I L E		ADDITIONS/GTANGES TO OFFICE	LING AND	Change		
NAME	CONNER, DONALD L.		1.2 NA	ME						
STREET ADDRESS	4100 E 7TH AVE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	TAMPA FL				1 - 7IP					
TITLE	CSTD	☐ DELETE	2.1 111	ILE				☐ Change	☐ Addition	
NAME	CONNER, DOUGLAS B		2.2 NA							
STREET ADDRESS	4100 E 7TH AVE				ADDRESS					
CITY-ST-ZIP TITLE	TAMPA FL D	DELETE	2. 4 CF	***	S1 - 7IP			X Change	Addition	
NAME	CONNER SR. JACK R.	El parite	3.2 NA			V/D		E-A Unange	Addition	
STREET ADDRESS	4100 E. 7TH AVE.				ADDRESS					
CITY-ST-ZIP	TAMPA FL		3.4. CI							
TITLE		DELETE	4.1 Til				••	Change	☐ Addition	
NAME			4 2 N	AMÉ						
STREET ADDRESS			4.3 ST	REFT	ADDRESS					
CITY-ST-ZIP			4.4.01		T-ZIP					
TITLE		· DELETE	5.1 TH					L Change	Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT		1 - ZIP			☐ Change	Addition	
NAME		_ been	6.2 NA					— Shange	L Addition	
STREET ADDRESS					ADDRESS					
CATY-ST-ZIP			6.4 CI							
44 1 de besel	The state of the s	3 31 31 22	0.4 01	11.9	1 611	11: 0: 11: 0: 11				

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 supplied in the succession of the corporation or the report of the corporation or the relative or trushed in the 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 adjiress.