

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

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S54258** (6)

1. Corporation Name
INTEC RECYCLING, INC.



Principal Place of Business 3850 COCONUT CREEK PKWY SUITE D COCONUT CREEK FL 33066	Mailing Address 3850 COCONUT CREEK PKWY SUITE D COCONUT CREEK FL 33066-1600
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2. Principal Place of Business 21 P.O. Box 211166 Suite, Apt. #, etc. 22 City & State 23 West Palm Beach FL Zip 24 33421	2a. Mailing Address 26 P.O. Box 211166 Suite, Apt. #, etc. 27 City & State 28 West Palm Beach FL Zip 29 33421
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3. Date Incorporated or Qualified 05/20/1991	3a. Date of Last Report 06/06/1996
4. FEI Number 65-0306142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOBRIN, ROBERT
3850 COCONUT CREEK PKWY
SUITE D
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent
81 Name **GARY K. PATTERSON**
82 Street Address (P.O. Box Number is Not Acceptable)
5462 HOUSTON DRIVE
83
84 City **LAKELAND** FL 85 Zip Code **33809**

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 **Gary K. Patterson** DATE **4/26/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTD	<input checked="" type="checkbox"/>
NAME	DOBRIN, ROBERT	
STREET ADDRESS	18591 ANCHOR DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	<input type="checkbox"/>
NAME	CHASE-GILPIN, RIZA	
STREET ADDRESS	1881 TREEHAVEN CT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TREASURER	<input type="checkbox"/>
NAME	GARY K. PATTERSON	
STREET ADDRESS	5462 HOUSTON DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	GARY K. PATTERSON		
1.3 STREET ADDRESS	5462 HOUSTON DRIVE		
1.4 CITY-ST-ZIP	LAKELAND FL 33809	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **Liza Chase Gilpin** DATE **4/25/96** 561-798-8286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)