

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 OCT -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93938 (6)
1. Corporation Name
RECYCLED PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 50948 JACKSONVILLE BEACH FL 32240
P.O. BOX 50948 JACKSONVILLE BEACH FL 32240

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/13/1991		03/28/1996	
22 Site, Apt. Etc.		27 Site, Apt. Etc.		4. FEI Number		Applied For	
P.O. Box 3324		P.O. Box 3324		59-3091802		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Jacksonville, FL		Jacksonville, FL		<input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution	
32206		32206		<input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DUAL		DUAL		Personal Property Tax due June 30.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRAUTMANN, ANDREW M 1725 N. 1ST ST. JACKSONVILLE BCH. FL 32240				81 Name Andrew M. Trautmann			
				82 Street Address (R.O. Box Number is Not Acceptable)			
				319 West 11th Street			
				83			
				84 City Jacksonville FL 85 Zip Code 32206			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
PTD TRAUTMANN, ANDREW M 1725 NW 1ST ST., P. O. BOX 50948 N/A JACKSONVILLE BCH. FL				Trautmann, Andrew M 333 W 5th Street P.O. Box 3324 Jacksonville, FL 32206			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
STD USELMAN, JERRY L 1725 N. 1ST ST., P. O. BOX 50948 N/A JACKSONVILLE BCH. FL				Usehman, Jerry 319 W 11th Street P.O. Box 3324 Jacksonville, FL 32206			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
				200002319632--0 -10/14/97--01012--005 ****550.00 ****550.00			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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. I changed, on an attachment with an address.

CR2E034 (4/97)