FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:10

DOCUMENT # V14182 (2)

1. Corporation Name
MODERN RECYCLING, INC., OF FLORIDA

Principal Place of Business	Mailing Address
% RICHARD T. COTTER 6100 ESTERO BOULEVARD FT. MYERS BEACH FL 33931 US	% RICHARD T. COTTER 6100 ESTERO BOULEVARD FT. MYERS BEACH FL 33931 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 3390 LANDFILL ROAD	26 P.O. BOX 209
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL	City & State 28 MODEL CITY, NY
Zip / Country 24 33964 / 25 USA	Zip / Country 29 14107 / 30 USA

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 08/23/1994
4. FEI Number: 65-0315348 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COTTER, RICHARD T., P.A.
6100 ESTERO BLVD.
FORT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	WASHUTA, STEVE	12 NAME		
STREET ADDRESS	4746 MODEL CITY RD.,	13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL	14 CITY-ST-ZIP	MODEL CITY, NY 14107	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	WASHUTA, LORIE	22 NAME		
STREET ADDRESS	4746 MODEL CITY RD.	23 STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY 14107	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	WASHUTA, RICHARD	32 NAME		
STREET ADDRESS	4746 MODEL CITY RD.	33 STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY 14107	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	T	☒ Change ☐ Addition
NAME	WASHUTA, SONIA	42 NAME		
STREET ADDRESS	4746 MODEL CITY RD.	43 STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY 14107	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ JANUARY 24, 1995 (716)754-8226
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORIE L. WASHUTA, SECRETARY

0324602 CP