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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

FLORIDA ONE RECYCLING CORPORATION

Principal Place of Business Mailing Address								il i didil dibi l	OLDIN BIONI OL	ON CHUM IDUI
2800 NE 21	TERRACE	2800 NE	2800 NE 21 TERRACE							
			FT. LAUDERDALE FL 33306				DO NOT WOLLD	- 441 74116 (204.05	
03		US					DO NOT WRITE	IN THIS S	SPACE	
							3. Date Incorporated or Qualified 05/04/1992			
2. Principal F	Place of Business	2a. Mailing) Address				4. FEI Number		A	Applied For
21		26					65-0330709			ot Applicable
Suite, Apt.	#, etc.	├ ─	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Ad			
City & Stat		27	7 City & State						 :	Required
23	le .		28				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country		Zip Country				This corporation owes or has pa			to Fees
24	25	29		30	,		Personal Property Tax due June			No No
	9. Name and Address of Curren	I Registered A	gent		Ι		10. Name and Address of New Re			
WI	BLE, ROY S.				81	Name	-			
16519 NW 27TH AVENUE					82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
Mi	AMI FL 33054									
					84	City		FL	85 Zip	Code
office or i	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such	i change was	authorize	d by	the corporati	oration submits this statement for the pion's board of directors. I hereby accep	nurnosa of	changing introduction	its registered s registered
SIGNATURE										
	Signature, typed or printed name of myistered age		le (NO		d Age	nt sig∩ature require	ed when reinstating)	DATE		
12.	OFFICERS AND	J DIRECTORS	DELETE	13.	TLE		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12
NAME	Jurgle, John		L_ DELETE	1.2 N/					L Change	
STREET ADDRESS	2800 NE 21 TERRACE				-	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL				TY-SI					
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 Tr		<u> </u>			Change	Addition
NAME				2.2 N	AME				,	
STREET ADDRESS				2.3 \$1	REET /	ADORESS				
CITY-ST-ZIP				2.4 C	ITY-S	7-2IP				
TITLE			DELETE	3.1 TI	TLE				Change	Addition
NAME				3.2 N/	AME					
STREET ADDRESS				. 3.3 ST	REET /	ADDRESS				
CITY-ST-ZIP			DELETE		ITY-SI	T-ZIP				
TITLE			☐ DELETE	4.1 TO					L. Change	Addition
NAME				4. 2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CI	TY-ST	- ZIP			Change	Addition
NAME				5.2 NA				,	Onlange	Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					TY-ST	į.				
TITLE	* .		DELETE	6.1 TI					Change	Addition
NAME				6.2 NA					•	
STREET ADDRESS				1		ADDRESS				
I				I		ı				

14. I 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.

FILED

Mar 30 1998 8:00am

Secretary of State