

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63820

1. Corporation Name

C & D RECYCLING CORP.

Principal Place of Business

2075-A N. POWERLINE RD.
POMPANO BEACH FL 33069
US

Mailing Address

2075-A N. POWERLINE RD.
POMPANO BEACH FL 33069
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90168 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

4. FEI Number

65-0391529

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2255 GLADE ROAD

2a. Mailing Address

26 2255 GLADE ROAD

Suite, Apt. #, etc.

22 200 E

Suite, Apt. #, etc.

27 200 E

City & State

23 BOCA RATON

City & State

28 BOCA RATON

Zip

24 33431

Country

Zip

29 33431

Country

30

9. Name and Address of Current Registered Agent

NELSON, HOWARD E ESQ
200 S. BISCAYNE BLVD.
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	STERRITT, R.D.	
STREET ADDRESS	10254 MILLER ROAD	
CITY-ST-ZIP	DALLAS TX 75238	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAWSHE, G. MICHAEL	
STREET ADDRESS	10254 MILLER ROAD	
CITY-ST-ZIP	DALLAS TX 75238	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROUSH, EDWARD JR	
STREET ADDRESS	10254 MILLER ROAD	
CITY-ST-ZIP	DALLAS TX 75238	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LEON BLASER	
STREET ADDRESS	3350 AMERICANA TERR., STE 200	
CITY-ST-ZIP	BOISE ID 83706	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MICHAEL SMITH	
STREET ADDRESS	1117 PERIMETER CENTER WEST, STE 500 EAST	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DOUGLAS HOLSTED	
STREET ADDRESS	205 S. BILKROAD	
CITY-ST-ZIP	EL RENO OK 73036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Douglas Holsted
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

404/888-0158

Date

Daytime Phone #

CR2E034 (11/98)