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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # F9600000754 (9)

BIOMASS PROCESSING TECHNOLOGY, INC.

FILED Feb 26 1998 8:00am Secretary of State



			Marthaga Address			-	DIN BURREUUN	 	AL OF DE ROBL
Principal Plac	ce of Business	2	Mailing Address						
12871 COMPTON ROAD LOXAHATCHEE FL 33470		6877 VISTA PKWY NORTH W PALM BCH FL 33411 US				DO NOT WRITI	E IN THIS :	SPACE	
		03				3. Date Incorporated or Qualified 02/14/1996			
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26							t Applicable
Suite, Apt. #, etc		Suile, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			intry	8. This corporation owes or has paid the current year Intangible					
24	25	29	30			Personal Property Tax due June	e 30. 🛛	Yes [No
	9. Name and Address of Curre	ent Registered Agent		l		10. Name and Address of New R	gistered	Agent	
ולו	ENNEY, LARRY W			81 N	ame				
	2871 COMPTON RD		B9 Ctront An			ddress (P.O. Box Number is Not Acceptable)			
	DXAHATCHEE FL 33470		82 Street Ad			555 (F.O. DOX NUMBER IS NOT ACCEPTS	וסוס		
4	SAMILY ONLE TE 05470			63	<u> </u>				
,	•			B4 Ci	ity		FL	85 Zip	Code
*							<u> </u>		
11. Pursuant office or agent 1	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	02 and 607,1508, Florida Sta Le of Florida Such change wa gations of, Section 607,0505,	tutes, the al is authorize Florida Stat	bove-na d by the tutes.	med corpo corporation	oration submits this statement for the on's board of directors. I hereby access	purpose o ept the app	i changing ii iointment as	registered
SIGNATURE	Signature, typed or printed name of regelered is	uent and title 4 appleable (h	VOTE: Fleg stere	d Agent sig	natura require	d when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TITLE	PCD	DELETE	1.1 11	TŁE				Change	☐ Addition
NAME	DENNEY, LARRY W		1.2 N	AME					i
STREET ADDRESS			1.3 \$1	REET ADD	RESS				
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CI	ITY - ST - ZIF	,				
TITLE	VD	DELETE	2.1 71					Change	☐ Addition
NAME	SIMPSON, JACK B		2.2 N	AME					
STREET ADDRESS	A			TREET ADD	RESS				
CITY-ST-ZIP	PLANTATION FL			::Y-ST-ZI	·				
TITLE	T Date of the second se	DELETE	3.1 TI					Change	Addition
NAME	· ·		3.2 N	AME					
STREET ADDRESS	J			TREET ADD	RESS				
CITY+S1-ZIP				CITY-S1-21	1				
TITLE		DELETE	4.1 11					Change	Addition
NAME			4.21		- 1			=	
STREET ADDRESS	.]			TREET ADD	RESS				
				1TY-ST-ZII					
CITY-ST-ZIP TITLE		DELETE	5.1 Ti					Change	Addition
NAME		<u> </u>	5.2 N						
STREET ADDRESS	.]			IREET ADD	RESS				
	` 			11Y - ST - ZII					
CITY - ST - ZIP		DELETE	5.4 C		F			Change	Addition
I					1				
NAME			6.2 N		Dree				
STREET ADDRESS				TREET ADD					
CITY-ST-ZIP	<u> </u>		6.4 C	ITY - ST - ZII	Р]				

14. Thereby 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 changing or on an algorithment with an address.

SIGNATURE:

2498

(561)684-6611