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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J10944

(3)

DOCUMENT #	J10944
MATS RECYCLING	ENTERPRISES, INC.

MAIS HECYCLING ENTERPRISES, INC.										
Principal Place o	of Business	Mailing Address								
12021 HICKS RD. 12021 HICKS RD. HUDSON FL 34669		9								
						3. Date Incorporated or Qualified	1 -	of Last R		
						04/24/1986		1/25/19	Applied For	
Principal Place of Business 2a. Mailing Address						4. FEI Number			Not Applicable	
26					59-2651622 Not A					
Suite, Apt. #, etc. Suite, Apt. #, etc.			ic.			Certificate of Status Desired		+ - · · ·	Required	
2		27]	City & State			6. Election Campaign Financing		May Be		
City & State		City & State				Trust Fund Contribution	Added to Fees			
3	Country	Z1D	Cou	.intry		B. This corporation has liability for	intangible ta	ax under s	199.032,	
Zip	25	29	30	,		Florida Statutes Yes	∏ No			
4	9. Name and Address of Cui					10. Name and Address of New F	Registered	Agent		
	<u> </u>			81	Name					
CHOCD MADY ANN				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)			
SUPER, MARY ANN 12021 HICKS RD.										
HUDSON FL 39567				83						
1100001	(1 L 0000)			84	City		FL	85 2	ip Code 4669	
familiar wit	ed agent, or both, in the State of the and accept the obligations of the state of t	Section 60. (1665) 1 16.165 E.				ration submits this statement for the build in a price of directors. Thereby accept the appointment of the price of the appointment of the appoint	DATE			
12.		AND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OF	FICERS AN	Change		
TITLE	PST	☐ DELET	E 11	TIILE	į			Charge	; [_] Addition	
NAME	SUPER, MARY ANN			NAME						
STREET ADDRESS	P.O. BOX 7344 N/A				ADDRESS					
CITY-ST-ZIP	HUDSON FL			CITY - S	ST - ZIP			Change	e Add-tion	
TITLE	D	DELET		TITLE				~		
NAME	SUPER, MARY ANN			NAME	ADODECC					
STREET ADDRESS	P.O. BOX 7344 N/A		I	STREET CITY - S	ADDRESS					
CHTY-ST-ZIP	HUDSON FL	DELE		TITLE	51 · ZIF	,		☐ Chang	e 🔲 Addition	
TITLE	VP			NAME						
NAME	SUPER, THEODORE J.		l li		T ADDRESS					
STREET ADDRESS	P.O. BOX 7344 N/A HUDSON FL			LOITY-	1	200001.3	Ω45	IE.Z		
CITY - ST - ZIP	NUUSUN FL	DELE		1 TITUE		200001 7 -04/18/9601	1012		je 🗌 Addition	
TIFLE		-		NAME		***208.75	- 			
NAME CERTA ADDRESS			43	STRFE	T AUDRESS					
STREET ADDRESS			4.4	4 CITY -	ST-ZIP				The Adabi	
CITY-ST-ZIP TITLE		DELF	TE 5	1 1111.6				☐ Chang	ge 🔲 Addition	
111111			5.5	2 NAME						

14. I do hereby certify that the information supplied with this fling 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

5.3 STREET ADDRESS

6.3 STHEET ADDRESS

6.4 CITY ST-ZIP

5.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE;

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

J MARY ANN SupER

DELETE

4/9/96 (813)868-8526

Addition