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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATU



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1100

(3)

MATS RE	ECYCLING ENTERPRISES,	INC.		**************************************						
Principal Place of Business Mailing Address						a inmairin millt tilbin bluint alteit milite	11844 A1841 ALBIK A1841	BARTERIA	,41 FW BT	
12021 HICKS RD. 12021 HICKS RD HUDSON FL 34669 HUDSON FL 348										
			4			3. Date Incorporated or Qualified 04/24/1986	3a. Date of L 04/17/19		ort	
	ace of Business	2a. Mailing Address				4. FEI Number	_		lied For	
21		Suite, Apt. #, etc.				59-2651622		_	Applicable	
Suite, Apt. s		27				5. Certificate of Status Desired	F	ee Requ		
City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City & State				Election Campaign Financing     Trust Fund Contribution	F1	M 00.c	-	
Zip	Country	Zip	Cour	itry		8. This corporation has liability for		der s. 1	199.032,	
24	[25]		30			Florida Statutes L  10. Name and Address of New Re	Yes No			
OI 10	9. Name and Address of Curre	ur negisiereo Ageni		B1 Name		10. Name and Address of New Re	gistered Agent			
	er, mary ann 1 Hicks Rd.									
HUDSON FL 33567			L		Addre	ress (P.O. Box Number is Not Acceptable)				
				B3						
			[	B4 City			FL 85	Zip Co	ode	
office or re agent. Lar SIGNATURE	to the provisions of Sections 607 055 ogistered agent, or both, in the State in familiar with, and accopt the oblig stignatur, typed or puriod name of registered as	of Florida Such change was a pations of, Section 607.0505, Flo	uthorized rida Statu	by the co tes.	rporatio	ration submits this statement for the pin's board of directors. I hereby acception to the pin statement for the pin's board of directors. I hereby acception to the pin statement for the pin statemen	purpose of chang pt the appointme	ing its in the second	registered egistered	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
THILE	PST NABY AND	☐ DELETE	1.1 7131		1		L_J Ch	ange	Addition	
NAME	SUPER, MARY ANN		1.2 NAI		-					
STREET ADDRESS	P.O. BOX 7344 N/A HUDSON FL			EET ADDRESS		•				
CITY-ST-7IF TILE	NOUSON FL	☐ DELETE	2 1 TH	r-ST-ZIP	╂		Ch	anne	Addition	
NAME	SUPER, MARY ANN	beerie	22 NAI		1		<u></u> 0.,	ungo		
STREET ADORESS	P.O. BOX 7344 N/A			eet address						
City-St-ZiP	HUDSON FL		1	Y-ST-ZIP	-					
TITLE	VP .	DELETE	3 1 TITI		1		Ch	ange	Addition	
NAME	SUPER, THEODORE J.		3.2 NA	ME						
STREET ADORESS	P.O. BOX 7344 N A		3.3 STF	ieet adoress						
CITY-ST-ZIP	HUDSON FL			Y - ST - ZIP	<u> </u>	<u></u>			T 1.200	
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NAMÉ			4. 2 NA		1					
STREET ADDRESS				EET ADDRESS						
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NAME		had becare	5.2 NAI		1		UII	- '8"		
STREET ADDRESS				ri. Eet adoress						
CITY - ST - ZIP			4	Y-ST-ZIP						
TITLE		☐ D€LETE	6 1 TIT		†		☐ Ch	ange	Addition	
NAME			6.2 NA	ME	1					
STREET ADDRESS			6.3 STF	IEFT ADDRESS	1					
City - St - ZiP				Y-ST-ZIP	<u></u>			<del> </del>		
informatio Lam an of	in indicated on this annual report or	supplemental annual report is tr in the receiver or trustee empower	ue and a ered to ex	ccurate an	d that r	in Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	al effect as if mad	de unde	er oath; that	

Jehal, 1997 (813) 868-8526

**FILED** 

Mar 03 1997 8:00am

Secretary of State