

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38815 (1)

1. Corporation Name

BEDMINSTER BIOCONVERSION OF OKEECHOBEE, INC.



Principal Place of Business

CHERRY TREE CORP CENTER
535 ROUTE 38, SUITE 580
CHERRY HILL NJ 08002
US

Mailing Address

CHERRY TREE CORP CENTER
535 ROUTE 38, SUITE 580
CHERRY HILL NJ 08002
US

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

12/22/1989

3a. Date of Last Report

09/11/1995

4. FLEI Number

65-0163331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

n/a

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)

(Typed or Printed Name of Signer and Title if not registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	PEIPERS, DAVID H	
STREET ADDRESS	CHERRY TREE CORP. CTR. 535 RT.38, SUITE 580	
CITY- ST- ZIP	CHERRY HILL NY 08002	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WIDELL, NELSON E	
STREET ADDRESS	CHERRY TREE CORP. CTR. 535 RT.38, SUITE 580	
CITY- ST- ZIP	CHERRY HILL NY 08002	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ASHBY, C. EDWARD JR	
STREET ADDRESS	CHERRY TREE CORP. CTR. 535 RT.38, SUITE 580	
CITY- ST- ZIP	CHERRY HILL NY 08002	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MACIEJEWSKI, STEPHEN	
STREET ADDRESS	CHERRY TREE CORP. CTR. 535 RT.38, SUITE 580	
CITY- ST- ZIP	CHERRY HILL NY 08002	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ETTINGER, HUGH M	
STREET ADDRESS	CHERRY TREE CORP. CTR. 535 RT.38, SUITE 580	
CITY- ST- ZIP	CHERRY HILL NY 08002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 do hereby certify that the information supplied with this filing 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/21/96

Date

609-662-2662

Telephone Number

CR2E034 (12/95)