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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S05177 (8)

1. Corporation Name

MAC-PAC WASTE & RECYCLING SERVICES, INC.



Principal Place of Business

5951 N.W. 151 ST.  
SUITE 209  
MIAMI LAKES FL 33014

Mailing Address

5951 N.W. 151 ST.  
SUITE 209  
MIAMI LAKES FL 33014

2. Principal Place of Business

2a. Mailing Address

21 5901 NW 151st

26 5901 NW 151st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27 Suite 204

City & State

City & State

23 Miami Lakes - Fl.

28 Miami Lakes, Fl.

Zip

Country

Zip

Country

24 33014

25 Dade

29 33014

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCWILLIAMS, DAVID  
5951 N.W. 151 ST.  
SUITE 209  
MIAMI LAKES FL 33014

81 Name

McWilliams, David

82 Street Address (P.O. Box Number is Not Acceptable)

5901 N.W. 151st - #209 204

83

Miami Lakes, Fl 33014

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 over that of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCWILLIAMS, DAVID  
STREET ADDRESS 5951 NW 151 ST, STE. 209  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ST ☐ DELETE

NAME MCWILLIAMS, DORCAS  
STREET ADDRESS 5951 NW 151 ST, STE. 209  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE V ☐ DELETE

NAME MCWILLIAMS, MARK  
STREET ADDRESS 5951 NW 151 ST, STE. 209  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

DORCAS MCWILLIAMS

Date

2/13/96

Daytime Phone #

305-362-2763

CR2E034 (12/95)