


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S05177 (8)**
1. Corporation Name
MAC-PAC WASTE & RECYCLING SERVICES, INC.

Principal Place of Business 5901 NW 151 ST SUITE 202 MIAMI LAKES FL 33014 US	Mailing Address 5901 NW 151 ST SUITE 202 MIAMI LAKES FL 33014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/18/1990	
25		30		4. FEI Number 65-0215739 Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCWILLIAMS, DAVID 5901 NW 151 ST, #204 MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name same 82 Street Address (P.O. Box Number is Not Acceptable) 5901 NW 151st #202 83 84 City Miami Lakes FL 85 Zip Code 33014	
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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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P
NAME	MCWILLIAMS, DAVID	12 NAME	same
STREET ADDRESS	5951 NW 151 ST, STE. 209	13 STREET ADDRESS	5901 NW 151st STE. 202
CITY-ST-ZIP	MIAMI LAKES FL 33014	14 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	ST	21 TITLE	ST
NAME	MCWILLIAMS, DORCAS	22 NAME	same
STREET ADDRESS	5951 NW 151 ST, STE. 209	23 STREET ADDRESS	5901 NW 151st STE. 202
CITY-ST-ZIP	MIAMI LAKES FL 33014	24 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	V	31 TITLE	V
NAME	MCWILLIAMS, MARK	32 NAME	same
STREET ADDRESS	5951 NW 151 ST, STE. 209	33 STREET ADDRESS	5901 NW 151st STE. 202
CITY-ST-ZIP	MIAMI LAKES FL 33014	34 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby 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 changed, or on an attachment with an address.

SIGNATURE **David McWilliams** **David McWilliams** 4/16/98 305-3627762

CR2E034 (10/97)