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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90026 030 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S05177**

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

2. Principal Place of Business

21 2900 N.W. 72st

Suite, Apt. #, etc.

22 City & State  
23 Miami, FL

24 Zip 33147 25 US

2a. Mailing Address

26 2900 NW 72st

Suite, Apt. #, etc.

27 City & State  
28 Miami, FL

29 Zip 33147 30 US

9. Name and Address of Current Registered Agent

MCWILLIAMS, DAVID  
5901 NW 151ST #202  
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1990

4. FEI Number

65-0215739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name MCWILLIAMS, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)  
2900 NW 72st

83

84 City Miami FL 85 Zip Code 33147

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MCWILLIAMS, DAVID  
STREET ADDRESS 5901 NW 151ST STE. 202  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ST ☐ DELETE  
NAME MCWILLIAMS, DORCAS  
STREET ADDRESS 5901 NW 151ST STE 202  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE V ☐ DELETE  
NAME MCWILLIAMS, MARK  
STREET ADDRESS 5901 NW 151ST STE 202  
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 President ☒ Change ☐ Addition  
1.2 NAME mcWilliams, David  
1.3 STREET ADDRESS 2900 NW 72st  
1.4 CITY-ST-ZIP Miami, FL 33147

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME mcWilliams, DORCAS  
2.3 STREET ADDRESS 2900 NW 72st  
2.4 CITY-ST-ZIP Miami, FL 33147

3.1 TITLE V ☒ Change ☐ Addition  
3.2 NAME McWilliams, MARK  
3.3 STREET ADDRESS 2900 NW 72st  
3.4 CITY-ST-ZIP Miami, FL 33147

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 305-883-0907

CR2E034 (11/98)