

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandie B. Martin
Secretary of State
DIVISION OF CORPORATIONS

APR 21 1995
FILED

DOCUMENT # S54258

(6)

1. Corporation Name

INTEC RECYCLING, INC.

Principal Place of Business	Mailing Address
3850 COCONUT CREEK PKWY SUITE D COCONUT CREEK FL 33066	3850 COCONUT CREEK PKWY SUITE D COCONUT CREEK FL 33066
2. City & State	2a. Mailing Address
21 SUITE D COCONUT CREEK FL 33066	26 Suite Apt. #, etc. 27 City & State
23 City & State	28 Zip 29 Country
24 Alt. Country	30 Country

9. Name and Address of Current Registered Agent

DOBRIN, ROBERT
3850 COCONUT CREEK PKWY
SUITE D
COCONUT CREEK FL 33066

11. Pursuant to the provisions of Section 607.0603 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 a member of the bar and have the obligation of Section 607.0608, Florida Statutes.

SIGNATURE:

4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 14	
NAME	PTD DOBRIN, ROBERT 18591 ANCHOR DR BOCA RATON FL	4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD CHASE-GILPIN, RIZA 1681 TREEHAVEN CT WEST PALM BEACH FL	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.3 OTHER ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.5 DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.7 OTHER ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.9 DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 OTHER ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.4 DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 OTHER ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.4 DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4), 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 this corporation and that I am the one empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an attorney with no defense.

SIGNATURE:

Robert Dobrin 4/30/95 5744101
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/95

Page: 1

018611 CP

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF STATE
REGISTRATION & RECORDS
RECEIVED MAY 10 1995

APPROVED
AND
FILED

DOCUMENT # S54295

(8)

MAY 10 1995

MAJESTIC POOL SERVICES, INC.

REGISTRATION
FLORIDA, FLORIDA

1. Name of Corporation		2. Mailing Address	
1732 46TH ST SW NAPLES FL 33999		1732 46TH ST SW NAPLES FL 33999	
21. 3808 EXCHANGE AVE		26. 3808 EXCHANGE AVE	
22. City & State NAPLES, FL		27. City & State NAPLES, FL	
24. 33942		25. USA	
29. 33942		30. USA	
9. Name and Address of Current Registered Agent			
SU, CHEN TUNG 1732 46TH ST SW NAPLES FL 33999			
81. Name 82. Street Address, P.O. Box Number, Not Acceptable 83. 84. City FL Zip Code 85			

10. Date of Last Report

05/16/1991

05/01/1994

Applied For
Not Applicable

3. Last Date Updated or Filled In

4. FEC Report No.

5. Certificate of Status Entered **\$8.75** Additional Fee Required

6. Election Campaign Reporting **\$5.00** May Be Added to Fees

7. This corporation has liability for unfranchise tax under § 199.032. Enter Yes No

10. Name and Address of New Registered Agent

81. Name
82. Street Address, P.O. Box Number, Not Acceptable
83.
84. City FL Zip Code 85

11. Statement of the provisions of the laws of this state, and of the 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, the law of the State of Florida Statutes.

SIGNATURE

12. OFFICER AND TITLE/CLASS		13. ADDITIONAL CHARGE TO OFFICER AND TITLE/CLASS	
OFFICER	TITLE/CLASS	OFFICER	TITLE/CLASS
D NAME SU, CHEN TUNG 1732 46TH ST SW NAPLES FL	CHEN KUEN SU V.P. & DIRECTOR 1150 OAKS BLVD NAPLES, FL 33999	DIRECTOR & PRESIDENT SU, CHEN TUNG 1732 46TH ST SW NAPLES, FL 33999	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER STEPHEN KAYATI 733 E. DUBLIN GRANVILLE RD. COLUMBUS, OH 43228			<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CLERK JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
REPRESENTATIVE JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ATTORNEY JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
GENERAL MANAGER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CONTROLLER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF FINANCIAL OFFICER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF ACCOUNTANT JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF INFORMATION OFFICER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF OPERATING OFFICER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF FINANCIAL OFFICER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF INFORMATION OFFICER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHIEF OPERATING OFFICER JOHN J. KELLY 1000 N. BROAD ST. PHILADELPHIA, PA 19101			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under oath, that the information contained with the filing is voluntarily furnished and done in good faith for the convenience of the Department of State. I further certify that the information contained 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. I am an officer, director or employee of the corporation or trustee incorporated to execute this report as contained in Chapter 473, Florida Statutes, and that my signature appears on Block 1 of the Block 1 of the original attachment of the attorney.

SIGNATURE: X

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X CHEN TUNG SJ
813-643-4964

SEARCHED INDEXED SERIALIZED FILED

0332376 CP