


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


FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

Apr 27 1998 8:00am  
Secretary of State



DOCUMENT # L40119 (4)

1. Corporation Name  
ACHIEVER SHREDDERS AND OFFICE PRODUCTS COMPANY, INC.

Principal Place of Business  
6073 NW 167 STR  
STE C-5  
MIAMI FL 33015  
US

Mailing Address  
6073 NW 167 STR  
STE C-5  
MIAMI FL 33015  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country

3. Date Incorporated or Qualified  
12/29/1989

4. FEI Number  
65-0699747

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 or has paid the current year Intangible Personal Property Tax due June 30.  
Yes No

9. Name and Address of Current Registered Agent  
SANDBERG, NEAL L ESQ  
2650 BISCAYNE BOULEVARD  
2ND FLOOR  
MIAMI FL 33137

10. Name and Address of New Registered Agent  
81 Name  
LEGAL INFORMATION SERVICES, INC.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1290 WESTON ROAD, STE. 300  
83  
84 City  
WESTON FL 85 Zip Code  
33326

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, and accept the obligation of Section 607.0505, Florida Statutes.  
Signature: [Signature] Date: 4/20/98

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME MOSS, DAVID  
STREET ADDRESS NO. 9 INDIAN CREEK ISLAND  
CITY-ST-ZIP MIAMI BEACH FL 33154  
TITLE SD  
NAME MONTELONGO, SYLVIA  
STREET ADDRESS NO. 9 INDIAN CREEK ISLAND  
CITY-ST-ZIP MIAMI BEACH FL 33154  
TITLE V  
NAME CONNORS, ROBERT M  
STREET ADDRESS 4700 PIERCE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 as an attachment with an address.

CB2E034 (10/97)