

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90107 040 ***150.00

DOCUMENT # L40119

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES INC.
1290 WESTON ROAD
SUITE 300
WESTON FL 33326

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 the current year intangible

Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MOSS, DAVID**
STREET ADDRESS **NO. 9 INDIAN CREEK ISLAND**
CITY-STATE-ZIP **MIAMI BEACH FL 33154**

TITLE **ST** ☐ DELETE

NAME **MONTELONGO, SYLVIA**
STREET ADDRESS **NO. 9 INDIAN CREEK ISLAND**
CITY-STATE-ZIP **MIAMI BEACH FL 33154**

TITLE **V** ☐ DELETE

NAME **CONNORS, ROBERT M**
STREET ADDRESS **4700 PIERCE STREET**
CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **2700 SUNSET DR., SUNSET ISLAND #2**
1.4 CITY-STATE-ZIP **MIAMI BEACH, FL 33140**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **2700 SUNSET DR., SUNSET ISLAND #2**
2.4 CITY-STATE-ZIP **MIAMI BEACH, FL 33140**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Robert M. Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999
Date

305-225-4500
Daytime Phone #

CR2E034 (11/98)

0132145