


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 29 AM 11:37					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company AUTO SHRED RECYCLING, L.L.C., LIMITED COMPANY ATTN: JOSEPH R. BOYD, ESQ. 4801 FLORIDA AVENUE NEW ORLEANS LA 70117		DOCUMENT # M95000000107 <i>an-AP-1m</i>		1a. Principal Place of Business Address ATTN: JOSEPH R. BOYD, ESQ. 4801 FLORIDA AVENUE NEW ORLEANS LA 70117	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/26/1995 3a. State of Formation LA 4. FEI Number 72-1286494 5. Date of Last Report 09/22/1998	
7. Name and Address of Current Registered Agent SCHWENKE, ROGER D ATTY. ONE HARBOUR PLACE 777 S. HARBOUR ISLAND DRIVE TAMPA FL 33601		6. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations					
SIGNATURE _____ (DATE _____)					
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM		SOUTHERN RECYCLING, L.		4801 FLORIDA AVENUE NEW ORLEANS LA	
400002838204-0 -04/13/99-01062-017 ****188.75 ****188.75					
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Edward J. [Signature]</i>					