
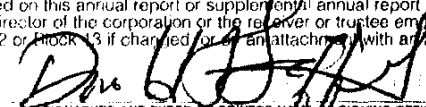


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000052791 (9)					
1. Corporation Name EVERGLADES SECURE SHREDDING, INC.					
Principal Place of Business 4211 NW 64TH AVE. CORAL SPRINGS FL 33067			Mailing Address 6265 W. SAMPLE ROAD SUITE 153 CORAL SPRINGS FL 33067-3175		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1993	
21 Suite, Apt. #, etc.		26 7667 W. SAMPLE ROAD		3a. Date of Last Report 04/29/1996	
22 City & State		27 SUITE 153		4. FEI Number 65-0458771	
23 Zip		28 CORAL SPRINGS, FL		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 33065		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STAFFORD, DONALD J 6265 W. SAMPLE ROAD SUITE 153 CORAL SPRINGS FL 33067			10. Name and Address of New Registered Agent		
			81 Name STAFFORD, DONALD J		
			82 Street Address (P.O. Box Number is Not Acceptable) 7667 W. SAMPLE ROAD		
			83 SUITE 153		
			84 City CORAL SPRINGS FL 85 Zip Code 33065		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	STAFFORD, DONALD J				
STREET ADDRESS	4211 N.W. 64 AVENUE				
CITY-ST-ZIP	CORAL SPRINGS FL 33067				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	STAFFORD, SUSAN F				
STREET ADDRESS	4211 N.W. 64 AVENUE				
CITY-ST-ZIP	CORAL SPRINGS FL 33067				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
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 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 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 for an attachment with an address.					
SIGNATURE:  DONALD J. STAFFORD 4/11/97 (954) 346-0336					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)