

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000016409 (2)

1. Corporation Name  
SHRED X, INC.

Principal Place of Business  
5504 E GIDDENS ST  
TAMPA FL 33610

Mailing Address  
5504 E GIDDENS ST  
TAMPA FL 33610



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report 07/01/1996
4. FEI Number 59-3234852	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P O Box 3437 27 Suite, Apt. #, etc. 28 TAMPA FL 29 33601-3437 30 USA
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8. Name and Address of Current Registered Agent WARD, BARRY J 5500 E GIDDENS ST TAMPA FL 33610	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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10. Name and Address of New Registered Agent
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	4408 W. SEVILLA STREET	1.3 STREET ADDRESS	800002252318--9
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	-07/30/97--01050--005
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	GARDNER, DOUGLAS S JR.	2.3 STREET ADDRESS	GARDNER DOUGLAS S JR.
CITY-ST-ZIP	2932 1/2 KNIGHTS AVE.	2.4 CITY-ST-ZIP	3936 14 WAY NE.
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	TAMPA FL 33611	3.3 STREET ADDRESS	St. Petersburg FL 33703
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/97

813-(20-4000)

Date

Daytime Phone # 0005000

CR2E034 (4/97)