


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90183 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000016192</b> 1. Corporation Name <b>M &amp; B SHREDDED PAPER &amp; CONVERTERS, INC.</b>					
Principal Place of Business 10755 49TH STREET N. CLEARWATER FL 33762			Mailing Address 10755 49TH STREET N. CLEARWATER FL 33762		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified <b>02/27/1995</b>			4. FEI Number <b>59-3297898</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>GRAESE, JILL E</b> <b>8440 43RD STREET, NORTH</b> <b>PINELLAS PARK FL 34665</b>			10. Name and Address of New Registered Agent 81 Name <b>ANDREW J Adams</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8440 43rd St. N.</b> 83 84 City <b>PINELLAS Park FL</b> 85 Zip Code <b>33781</b>		
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 <i>Andrew J Adams</i> DATE <b>5/18/99</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
12. OFFICERS AND DIRECTORS TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>GRAESE, JILL E</b> STREET ADDRESS <b>8440 43RD ST. NORTH</b> CITY-ST-ZIP <b>PINELLAS PARK FL 34665</b> TITLE <b>DV</b> <input type="checkbox"/> DELETE NAME <b>ADAMS, ANDREW J SR.</b> STREET ADDRESS <b>8440 43RD ST. NORTH</b> CITY-ST-ZIP <b>PINELLAS PARK FL 34665</b> TITLE <b>DST</b> <input type="checkbox"/> DELETE NAME <b>GRAESE, LARRY A</b> STREET ADDRESS <b>8440 43RD ST-NORTH</b> CITY-ST-ZIP <b>PINELLAS PARK FL 34665</b> 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 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)