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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000079847 (6)

SHREDCO, INC.

Principal Place of	Business

Mailing Address



	STATE ROAD 434. STE. 420 DD FL 32779	2170 W. ST/ LONGWOOD	ATE ROAD 434, STE. FL 32779	420			
					3. Date incorporated or Qualified 10/16/1995	3a. Date of Las	st Report
2. Principal P	lace of Business	2a. Mailing Addri	ess		4. FEI Number 59-3344659		Applied For
Suite, Apt.	#. etc.	Suite, Apt. #	etc		3 1-33 17 B3		Not Applicat
1		27	. 610.		5. Certificate of Status Desired		. 75 Additional ee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zφ	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for in Florida Statutes Yes	ntangible tax unde	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re		
			8	Name			
), J. STEVEN W. State Road 434, Ste. 42	3 0	82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	<u> </u>
	WOOD FL 32779	:0	8:				
			84	City		FL 85	Zip Code
Or register	ed agent, or both, in the state of ri	iurida, oddii dharide was a	aumonzea av the con	named corpo coration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing in intract as registe	ts registered off red agent. I am
	ith, and accept the obligations of, Se	ection 607.0505, Florida 5	Statutes.		and the second s		
GNATURE	in, and accept the obligations of 26	ection 607.0505, Fiorida 8	Statutes. (NOTE: Flagistered Agr				
GNATURE	Signature, typed or printed name of registered as	ection 607.0505, Fiorida 8	siatules.		ed when reinstaling)	DATE	TORS IN 12
GNATURE .	Signature, typed or printed name of registered as	gent and title if applicable	(NOTE: Registered Age			DATE	
GNATURE .	Styrature, typed or printed name of registered as	gent and title if applicable AND DIRECTORS DELE	(NOTE: Registered Age		ed when reinstaling)	DATE CERS AND DIREC	
GNATURE . 	Styrature, typed or printed name of registered as	gent and title if applicable AND DIRECTORS DELE	NOTE Registered Agr 13. TE 1.1 TITLE 1.2 NAME		ed when reinstaling)	DATE CERS AND DIREC	
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4. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplymental 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 comparation or the receiver of 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 ghanged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 407.333-4.