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Feb 21 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 # G57992 (1)

1. Corporation Name
SOUTHLAND WASTE SYSTEMS, INC.



Principal Place of Business
ATTN: TERI TRIMMER
200 E. LAS OLAS BLVD. #1400
FT. LAUDERDALE FL 33301
US

Mailing Address
ATTN: TERI TRIMMER
300 E. LAS OLAS BLVD. #1400
FT. LAUDERDALE FL 33301-2246
US

3. Date Incorporated or Qualified 09/01/1983
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 450 E. Las Olas Blvd.	26 450 E. Las Olas Blvd.	59-2316528	Not Applicable
22 450 E. Las Olas Blvd.	27 450 E. Las Olas Blvd.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33301 25 USA	29 33301 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION 1200 S. PINE ISLAND RD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD HUDSON, HARRIS W 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V GUERIN, ROBERT 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AST PEDDY, COURTLAND 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	P CRAWFORD, FELIX A 218 MORGAN AVENUE JACKSONVILLE FL 32254	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VS HANDLEY, RICHARD L 200 EAST LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AS TRIMMER, TERI 200 EAST LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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, or on an attachment with an address.

SIGNATURE: _____ Richard L. Handley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: 954-713-5200 2/14/97

CR2E034 (9/96)