

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

0279939

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G57992**  
 1. Corporation Name  
**SOUTHLAND WASTE SYSTEMS, INC.**

99 FEB 25 PM 3:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**110 SE 6TH ST  
 20TH FL  
 FT. LAUDERDALE FL 33301  
 US**

Mailing Address  
**110 SE 6TH ST  
 20TH FL  
 FT. LAUDERDALE FL 33301  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/01/1983**
4. FEI Number  
**59-2316528** Applied For Not Applicable
5. Certificate of Status Desired  **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax  Yes  No
10. Name and Address of New Registered Agent

2. Principal Place of Business

21	<b>110 S.E. 6th St.</b>	2a. Mailing Address	<b>110 S.E. 6th St.</b>
22	Suite, Apt. #, etc. <b>28th FLOOR</b>	26	Suite, Apt. #, etc. <b>28th FLOOR</b>
23	City & State <b> Ft. Lauderdale, FL</b>	27	City & State <b> Ft. Lauderdale, FL</b>
24	Zip <b>33301</b>	28	Country <b>US</b>
25	Country <b>US</b>	29	Zip <b>33301</b>
		30	Country <b>US</b>

9. Name and Address of Current 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 City  
**300002792029--3  
 -03/02/99--01030--011  
 \*\*\*\*150.00 \*\*\*\*150.00**

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUDSON, HARRIS W</b>	
STREET ADDRESS	<b>110 SE 6TH ST 20TH FL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KILBURN, DAN</b>	
STREET ADDRESS	<b>110 SE 6TH ST 20TH FL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>AST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SILLS, HOWARD</b>	
STREET ADDRESS	<b>1120 SE 6TH ST 20TH FL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, FELIX A</b>	
STREET ADDRESS	<b>218 MORGAN AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLE, JAMES O</b>	
STREET ADDRESS	<b>110 SE 6TH ST 20TH FL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARCLAY, DAVID A</b>	
STREET ADDRESS	<b>110 SE 6TH ST 20TH FL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**D HARRIS W. HUDSON  
 110 S.E. 6th St., 28th FLOOR  
 Ft. LAUDERDALE, FL 33301**

Change  Addition

**P JAMES H. COSMAN  
 110 S.E. 6th St., 28th FLOOR  
 Ft. LAUDERDALE, FL 33301**

Change  Addition

**S DAVID A. BARCLAY  
 110 S.E. 6th St., 28th FLOOR  
 Ft. LAUDERDALE, FL 33301**

Change  Addition

**T EDWARD A. LANG, III  
 110 S.E. 6th St., 28th FLOOR  
 Ft. LAUDERDALE, FL 33301**

Change  Addition

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 registered agent, 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 agreement with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954) 769-2928

CR2E034 (11/98)