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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 # P93000023880 (6)**

1. Corporation Name  
**SOUTHLAND ENVIRONMENTAL SERVICES, INC.**



Principal Place of Business

Mailing Address

ATTN: TERI TRIMMER  
~~200 E. LAS OLAS BLVD., #1400~~  
~~FORT LAUDERDALE FL 33301~~

ATTN: TERI TRIMMER  
~~200 E. LAS OLAS BLVD., #1400~~  
~~FORT LAUDERDALE FL 33301-2248~~

3. Date Incorporated or Qualified <b>03/30/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3181155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>450 E. Las Olas Blvd.</b>	26 <b>450 E. Las Olas Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Ste. 1200</b>	27 <b>Ste. 1200</b>
City & State	City & State
23 <b>Ft. Lauderdale, FL</b>	28 <b>Ft. Lauderdale, FL</b>
Zip Country	Zip Country
24 <b>33301 USA</b>	29 <b>33301 USA</b>

9. Name and Address of Current Registered Agent

**CT CORPORATION**  
**1200 S PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

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>DV</b> <input type="checkbox"/> DELETE
NAME	<b>HUDSON, FELIX A</b>
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD., STE. 1400</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>TRIMMER, TERI M</b>
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD., STE. 1400</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>HANDLEY, RICHARD L</b>
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD., STE. 1400</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>QUERIN, ROBERT</b>
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD., STE. 1400</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KOGLER, DONALD E</b>
STREET ADDRESS	<b>200 EAST LAS OLAS BLVD., STE. 1400</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
5.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
6.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>

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* **Richard L. Handley** 2/14/97 954 713-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)