

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

0294036

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 FEB 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000023880

1. Corporation Name

SOUTHLAND ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

ATTN: TERI TRIMMER
450 E LAS OLAS BLVD. STE 1200
FORT LAUDERDALE FL 33301
US

Mailing Address

110 S.E. 6TH STREET
20TH FLOOR
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

21 110 S.E. 6th St.

22 28th Floor

23 Ft. LAUDERDALE, FL

24 33301 25 US

2a. Mailing Address

26 110 S.E. 6th St.

27 28th Floor

28 Ft. LAUDERDALE, FL

29 33301 30 US

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
84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1993

4. FEI Number

59-3181155

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

000002792628--8
-03/02/99--01080--010
****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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent's signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAWFORD, FELIX A	
STREET ADDRESS	218 MORGAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W.	
STREET ADDRESS	110 S.E. 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES O.	
STREET ADDRESS	110 S.E. 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	HARRISON, ALAN B.	
STREET ADDRESS	218 MORGAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KILBURN, DAN	
STREET ADDRESS	110 S.E. 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOOGLER, DONALD E	
STREET ADDRESS	450 E LAS OLAS BLVD, STE 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HARRIS W. HUDSON
13 STREET ADDRESS	110 S.E. 6th St., 28th Floor
14 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAMES H. ODSMAN
23 STREET ADDRESS	110 S.E. 6th St., 28th Floor
24 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVID A. BARCLAY
33 STREET ADDRESS	110 S.E. 6th St., 28th Floor
34 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Edward A. LANG, III
43 STREET ADDRESS	110 S.E. 6th St., 28th Floor
44 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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

2/17/99 (954) 769-2928

CR2E034 (1/198)