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Secretary of State

03-01-1999 90248 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000033297

1. Corporation Name
SOUTHERN WASTE, INC.

Principal Place of Business 3000 N.E. 30TH PLACE SUITE 107 FORT LAUDERDALE FL 33306	Mailing Address 3000 N.E. 30TH PLACE SUITE 107 FORT LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3000 N.E. 30th Place Suite, Apt. #, etc. 22 Suite 211 City & State 23 Ft. Lauderdale, FL Zip Country 24 33306 25 USA	2a. Mailing Address 26 3000 N.E. 30th Place Suite, Apt. #, etc. 27 Suite 211 City & State 28 Ft. Lauderdale, FL Zip Country 29 33306 30 USA
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3. Date Incorporated or Qualified 04/14/1997	4. FEI Number 65-0809832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WELSH, JEFFREY DALE
 3000 N.E. 30TH PLACE
 SUITE 107
 FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	WELSH, JEFFREY DALE	
STREET ADDRESS	3000 N.E. 30TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	EDWARDS, GREGORY N	
STREET ADDRESS	2623 ALAMANDA COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Welsh, Jeffrey Dale	
1.3 STREET ADDRESS	2805 N.E. 29 Street	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
2.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Truckenbrod, Lisa	
2.3 STREET ADDRESS	3304 Virginia Street	
2.4 CITY-ST-ZIP	Miami, FL 33133	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Visco, Donald P.	
3.3 STREET ADDRESS	11437 Orange Blossom Lane	
3.4 CITY-ST-ZIP	Boca Raton, FL 33428	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Raider, Scott	
4.3 STREET ADDRESS	5156 NW 53 Avenue	
4.4 CITY-ST-ZIP	Coconut Creek, FL 33073	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Freeman, W. Gordon	
5.3 STREET ADDRESS	1200 S.W. 19th Avenue	
5.4 CITY-ST-ZIP	Boca Raton, FL 33486	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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, with all other like empowered.

SIGNATURE: *Lisa Truckenbrod* **FILED** 1/15/99 954-564-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)