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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 # S42351 (4)

1. Corporation Name
SOUTHLAND RECYCLING SERVICES, INC.



Principal Place of Business
ATTN: TERI TRIMMER
800 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301
US

Mailing Address
ATTN: TERI TRIMMER
800 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301-2248
US

3. Date Incorporated or Qualified 04/02/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
22 Ste. 1200
City & State
23 Ft. Lauderdale, FL
Zip Country
24 33301 25 USA

2a. Mailing Address
26 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
27 Ste. 1200
City & State
28 Ft. Lauderdale, FL
Zip Country
29 33301 30 USA

4. FEI Number 59-3061116
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION FL 33301

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

12. OFFICERS AND DIRECTORS	
TITLE	DV <input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	P <input type="checkbox"/> DELETE
NAME	DRAKE, BARBARA
STREET ADDRESS	218 MORGAN AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	AST <input type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE. 1400
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	V <input type="checkbox"/> DELETE
NAME	CRAWFORD, FELIX A
STREET ADDRESS	218 MORGAN AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	AS <input type="checkbox"/> DELETE
NAME	TRIMMER, TERI
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE. 1400
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	VS <input type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE. 1400
CITY-ST-ZIP	FORT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	450 E. Las Olas Blvd., te. 1200
5.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
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, changed, or on an attachment with an address.

SIGNATURE: *Richard L. Handley* Richard L. Handley Date
954-713-5600 2/14/97 Daytime Phone

CR2E034 (9/96)