

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

**FILED**

**Mar 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S42351 (4)**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>450 E. LAS OLAS BLVD. SUITE 1200 FORT LAUDERDALE FL 33301 US</b>	Mailing Address <b>450 E. LAS OLAS BLVD. SUITE 1200 FORT LAUDERDALE FL 33301 US</b>
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3. Date Incorporated or Qualified  
**04/02/1991**

2. Principal Place of Business 21 <b>110 S.E. 6th Street</b> Suite, Apt. #, etc. 22 <b>20th Floor</b> City & State 23 <b>Fort Lauderdale, FL</b> Zip 24 <b>33301</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>110 S.E. 6th Street</b> Suite, Apt. #, etc. 27 <b>20th Floor</b> City & State 28 <b>Fort Lauderdale, FL</b> Zip 29 <b>33301</b> Country 30 <b>US</b>
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4. FEI Number <b>59-3061116</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, HARRIS W</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., SUITE 1200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAKE, BARBARA</b>	
STREET ADDRESS	<b>218 MORGAN AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE	<b>AST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEDDY, COURTLAND</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., SUITE 12003</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>V</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>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRIMMER, TERI</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., SUITE 1200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HANDLEY, RICHARD L</b>	
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., SUITE 1200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hudson, Harris W.</b>	
1.3 STREET ADDRESS	<b>110 S.E. 6th Street, 20th Floor</b>	
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>	
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	<b>AS/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Harrison, Alan B.</b>	
3.3 STREET ADDRESS	<b>110 S.E. 6th Street, 20th Floor</b>	
3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>	
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	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Barclay, David A.</b>	
5.3 STREET ADDRESS	<b>110 S.E. 6th Street, 20th Floor</b>	
5.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>	
6.1 TITLE	<b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Cole, James O.</b>	
6.3 STREET ADDRESS	<b>110 S.E. 6th Street, 20th Floor</b>	
6.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the information 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: \_\_\_\_\_ James O. Cole 3/16/98 904-719-7221

CR2E034 (10/97)