FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

F95000005290 (0)

SOUTHERN STATES ENVIRONMENTAL SERVICES, INC.

Principal Place of Business Mailing Address						-{		
4696 SOUTH COBB DRIVE 4696 SOUTH COE SMYRNA GA 30080 SMYRNA GA 3008			DRIVE					
						3. Date Incorporated or Qualified 3a. Date of Last Repo	rl	
Principal Place of Business 2a. Mailing Address						- Fribing	lind Far	
21		26 c/o CT Corporation System			vstem	FA 4000003	lied For Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			, , , , , , , , , , , , , , , , , , , ,	¢0.75 .		
22		27 1200 S. Pine Island Rd.			Rd.	5. Certificate of Status Desired Fee Req		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28 Plantation, Florida				Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip		Country		8. This corporation has liability for intangible tax under s 199.032,		
24	9. Name and Address of Curre	29 33324	[30]	Ų,	SA	Florida Statutes Yes No		
8. Name and Address of Confern registered Agent					ame	10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM								
			82 Street Addre		ess (P.O. Box Number is Not Acceptable)			
	OUTH PINE ISLAND ROAD ATION FL 33324			83				
	1101112 00024							
				84 C	ity	FL 85 Zip Co	odo	
	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect			ve-nami vorporati	ed corporat ion's board	ation submits this statement for the purpose of changing its regis d of directors. I hereby accept the appointment as registered aga	itered office ont. I am	
SIGNATURE _	or, and analy in the Bengehene en, east	nort correcce, Florida Statutes	•					
CIGITATIONE :	Signature, typed or printed name of registered agent	and title if applicable (NC	II: Registered	Agent sign	ature required w	when reinstating) DATE		
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	P DELETE 1.17		TLF		Change	Addition		
NAME	CASH, ERIC		1.2 NA	1.2 NAME			ŀ	
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP				1.4 CITY - ST - ZIP				
TITLE	MARK MARKET I			2 1 TITLE		Change] Addition	
NAME PRINCE ADDRESS	IVAN, DANIEL J			2 2 NAME				
STREET ADDRESS	7201 EAST CAMELBACK ROAD, SUITE 375			2 3 STREET ADDRESS				
TITLE	SCOTTSDALE AZ 85251			2.4 CIYY - ST - ZIP				
NAME	LIPAW LADOW D			3 1 TITLE		Change] Addition	
STREET ADDRESS	7004 EACT CAMELDACK DOAD OUTE ATE			32 NAME				
CITY-ST-ZIP	CONTROL C AT DEACA			3.3. STREET ADDRESS 3.4 CHY-ST-ZIP				
TITLE	V	[] DELETE	4. 1 Tr			☐ Change ☐	1 Addition	
NAME	UTHOFF, H. STEVEN 42N					Addition		
STREET ADDRESS		7004 FACT CAMPARACK DOAD CHITCHE		REET ADOR	95 S			
CITY-S1-ZIP	SCOTTSDALE AZ 85251	, 00112 070	. It	1Y-\$1-ZIP				
TITLE	V	DELETE	5. 1 10			Change C] Addition	
NAME	SEMPER, WARREN		5.2 NA			ניי פויפוופט ניי	,	
STREET ADDRESS	tes 4606 COUTH CODD DDN#			5 3 STREET ADDRESS				
CITY-ST-ZIP	SMYDMA CA 20000		CHTY-ST-ZIP					
TITLE	S	☐ DELEIE	6 1 TI			[] Change	Addition	
NAME	VENOE THOMAS V		6.2 NA	ľ		ي تاسيون	,	
STREET ADDRESS	DECLARAGE AND MERCH AZETAL OF CHITE AND			REET ADDR	ESS			
CITY-S1-2IP HOMEWOOD IL 60430				Y - ST - 7IP				
14. I do hereby	y certify that the information supplied i	with this filing is voluntarily furn	ished and r	loes not	qualify for	the exemption stated in Section 119 07/3)(k) Florida Statutes J	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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

25/23/96 (708)957-4600