

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G26055 (5)

1. Corporation Name

SOUTHLAND SERVICE CORP., INC.



Principal Place of Business

Mailing Address

C/O BARRY J KAPLAN
3363 W COMMERCIAL BLV BLDG A STE 115
FT LAUDERDALE FL 33309

C/O BARRY J KAPLAN
3363 W COMMERCIAL BLV BLDG A STE 115
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified
03/02/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O BARRY J. KAPLAN

26 C/O BARRY J. KAPLAN

4. FEI Number
65-0049139

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3343 W COMMERCIAL BLVD, STE 102

27 3343 W. COMMERCIAL BLVD, STE 102

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, BARRY J
3363 W COMMERCIAL BLV BLDG A STE 115
FT LAUDERDALE FL 33309

81 Name
KAPLAN, BARRY J.

82 Street Address (P.O. Box Number is Not Acceptable)
3343 W. COMMERCIAL BLVD, #

83 SUITE 102

84 City
FT. LAUDERDALE

85 Zip Code
FL 33309

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
KAPLAN, BARRY J
3363 W COMM. BLVD #115
FT LAUDERDALE, FL 00000

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
HENSCHER, BENJAMIN L.
3363 W COMM. BLVD #115
FT LAUDERDALE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96

(354) 486-9009

CR2E034 (3/96)