


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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G57992** (1)
1. Corporation Name
SOUTHLAND WASTE SYSTEMS, INC.



Principal Place of Business
**450 E. LAS OLAS BLVD.
SUITE 1200
FT. LAUDERDALE FL 33301
US**

Mailing Address
**450 E. LAS OLAS BLVD.
SUITE 1200
FT. LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 S.E. 6th Street Suite, Apt. #, etc. 22 20th Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 US		2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 US		3. Date Incorporated or Qualified 09/01/1983
4. FEI Number 59-2316528		Applied For <input type="checkbox"/> 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 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 33324		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARRIS W	1.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERIN, ROBERT	2.2 NAME	Kilburn, Dan
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDDY, COURTLAND	3.2 NAME	Sills, Howard
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, FELIX A	4.2 NAME	
STREET ADDRESS	218 MORGAN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	5.2 NAME	Cole, James O.
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIMMER, TERI	6.2 NAME	Barakay, David A.
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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.

SIGNATURE: _____

James A. Cole, 211 1st St. SE, Ft. Lauderdale, FL 33301

CP2E034 (10/97)