


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

0621154

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90041 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J39104
 1. Corporation Name
SOUTHERN STEEL DRUMS, INC.

Principal Place of Business P.O. BOX 278 ZELLWOOD FL 32798-0278	Mailing Address P.O. BOX 278 ZELLWOOD FL 32798-0278
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2854834	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MURPHY, J.M.
6191 JONES AVE.
ZELLWOOD FL 32798

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, J M	1.2 NAME	J. M. Murphy
STREET ADDRESS	6191 JONES AVE	1.3 STREET ADDRESS	6191 Jones Avenue
CITY-ST-ZIP	ZELLWOOD FL	1.4 CITY-ST-ZIP	Zellwood, FL 32798
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIDDENS, GERALDINE	2.2 NAME	Gayle Hansen-Dalicandro
STREET ADDRESS	6191 JONES AVE	2.3 STREET ADDRESS	2300 West 13th Street
CITY-ST-ZIP	ZELLWOOD FL	2.4 CITY-ST-ZIP	Chicago, -IL-60608
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, H. A.	3.2 NAME	Tony Serge
STREET ADDRESS	6191 JONES AVE	3.3 STREET ADDRESS	1540 S. Greenwood Avenue
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP	Montebello, CA 90640
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director & Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, GERALD P JR	4.2 NAME	Elliot Pearlman
STREET ADDRESS	6191 JONES AVENUE	4.3 STREET ADDRESS	2300 West 13th Street
CITY-ST-ZIP	ZELLWOOD DL 32798	4.4 CITY-ST-ZIP	Chicago, IL 60608
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Calvin Lee
STREET ADDRESS		5.3 STREET ADDRESS	1540 S. Greenwood Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Montebello, CA 90640
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Barry Slavin
STREET ADDRESS		6.3 STREET ADDRESS	2300 West 13th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago, IL 60608

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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED SIGNATURE, MRS 2/4/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)