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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J53359 (2)

1. Corporation Name
SOUTHLAND MAINTENANCE SERVICES, INC.

Principal Place of Business

ATTN: TERI TRIMMER
800 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301
-US

Mailing Address

ATTN: TERI TRIMMER
800 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301-2248
-US



3. Date Incorporated or Qualified 01/20/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 450 E. Las Olas Blvd.	26 450 E. Las Olas Blvd.	59-2776119	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Ste. 1200	27 Ste. 1200	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33301	29 33301		
Country	Country		
25 USA	30 USA		

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
85 Zip Code
FL

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	200 E. LAS OLAS BLVD., #1400	1.3 STREET ADDRESS	450 E. Las Olas Blvd, Ste. 1200
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, FELIX A	2.2 NAME	
STREET ADDRESS	218 MORGAN AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32254	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMMER, TERI	3.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE. 1400	3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	VS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L	4.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BLVD., STE. 1400	4.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUENGE, FRANK	5.2 NAME	
STREET ADDRESS	218 MORGAN AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32254	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERIN, ROBERT	6.2 NAME	
STREET ADDRESS	200 EAST LAS OLAS BLVD, STE. 1400	6.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	6.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone

CR2E034 (9/96)

954 713-5600
2/14/97