

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 279946 (8)

1. Corporation Name

WASTE MANAGEMENT INC. OF FLORIDA



Principal Place of Business

Mailing Address

ATTN: BARBARA L. BIER  
3003 BUTTERFIELD RD.  
OAK BROOK IL 60521  
US

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3003 BUTTERFIELD RD.  
OAK BROOK IL 60521  
US

3. Date Incorporated or Qualified  
03/30/1964

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1094518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 Not Applicable

Signature, typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JAMES E	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FERGUSON, STEVEN D	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAY, JOHN J III	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FERGUSON, STEVEN D	
STREET ADDRESS	3003 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARBARA L. BIER	
STREET ADDRESS	3003 BUTTERFIELD RD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100001773991  
-04/09/96--01092--019  
\*\*\*200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara L. Bier* Barbara L. Bier, Assistant Secretary 4/2/96 708/578-8841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)