


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 043 ***150.00

06-43573

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

DOCUMENT # 833892

1. Corporation Name
BROWNING-FERRIS INDUSTRIES OF FLORIDA, INC.

Principal Place of Business 17101 PINE RIDGE RD., SW FT. MYERS BCH. FL 33931 US	Mailing Address 757 N. ELDRIDGE HOUSTON TX 77079
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1819238	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	Country	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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, J F	
STREET ADDRESS	757 N ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WISNIEWSKY, RICHARD L.	
STREET ADDRESS	8607 ROBERTS DR.,STE 100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HELY, BOB	
STREET ADDRESS	3251 S.W. 1ST TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, WILLIAM H.	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GIVENS, JOHN J	
STREET ADDRESS	8607 ROBERTS DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOWLAND, JAMES H JR.	
STREET ADDRESS	8607 ROBERTS DR., STE. 100	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gerald K. Burger
2.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hugh J. Dillingham, III
3.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward C. Norwood
4.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ronald E. Long
5.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
5.4 CITY-ST-ZIP	
6.1 TITLE	VP/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eileen B. Schuler
6.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
6.4 CITY-ST-ZIP	

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:  **Ronald E. Long** Date: **4/30/99** Daytime Phone #: **(281) 870-8100**

CR2E034 (1/198)