

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

FILED
Jan 16 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 # P97000074207 (6)
 1. Corporation Name
USA WASTE SERVICES OF FLORIDA, INC.



Principal Place of Business 101 WYMORE RD., STE. 314 ALTAMONTE SPRINGS FL 32714	Mailing Address 101 WYMORE RD., STE. 314 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1997	
21 101 Wymore Rd.	26 101 Wymore Rd.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 314	27 314	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Altamonte Springs Fl	28 Altamonte Springs Fl	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32714	25 Seminole	29 32714		30 Seminole	
24 32714		25 Seminole		29 32714	
25 Seminole		29 32714		30 Seminole	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DECUBELLIS, DANIEL L 255 S. ORANGE AVE., STE. 801 ORLANDO, FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	D, PRES, TREAS & Asst Sec <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JOHN J	1.2 NAME	
STREET ADDRESS	101 WYMORE RD., STE. 314	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	Vice-Pres & Asst Sec <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Hyres	2.2 NAME	
STREET ADDRESS	101 Wymore Rd., Ste 314	2.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, Fl 32714	2.4 CITY-ST-ZIP	
TITLE	Vice-Pres & Asst Sec <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl K. Bussard	3.2 NAME	
STREET ADDRESS	5002 SW 41st Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fl 32608	3.4 CITY-ST-ZIP	
TITLE	Vice-Pres & Asst Sec <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Velocci	4.2 NAME	
STREET ADDRESS	8010 NW 56th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33166	4.4 CITY-ST-ZIP	
TITLE	D, Vice-Pres & Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy C. Jennings	5.2 NAME	
STREET ADDRESS	101 Wymore Rd., Ste 314	5.3 STREET ADDRESS	300002403923
CITY-ST-ZIP	Altamonte Springs, Fl 32714	5.4 CITY-ST-ZIP	-01/16/98--01117--004
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John E. Drury	6.2 NAME	
STREET ADDRESS	1001 Fannin, Ste 4000	6.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, Tx 77002	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.

SIGNATURE: *Wendy C. Jennings* **1-7-98 407 788-0800**

CR2E034 (10/97)