

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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # F93000000139 (6)

1. Corporation Name
WASTE MANAGEMENT SERVICES OF FLORIDA, INC.



Principal Place of Business
**ATTN: BARBARA L. BIER
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521**

Mailing Address
**ATTN: BARBARA L. BIER
3003 BUTTERFIELD ROAD
OAK BROOK IL 60521**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/07/1993

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

4. FEI Number
36-3846353

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and that applicable to (b)(1)(B). Registered Agent signature required when recommended.

12. OFFICERS AND DIRECTORS

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

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 | <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 | |

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*****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** 4/2/96 708/572-8841
DATE: **5G-4-9-96**

CR2E034 (12/95)