

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833892 (3)**  
 1. Corporation Name  
**BROWNING-FERRIS INDUSTRIES OF FLORIDA, INC.**



Principal Place of Business <b>17101 PINE RIDGE RD., SW FT. MYERS BCH. FL 33931 US</b>	Mailing Address <b>757 N. ELDRIDGE HOUSTON TX 77079-4435</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/26/1975</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>74-1819238</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

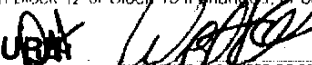
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	85. Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CLARK, NEIL JR</b>		1.2 NAME <b>J. Frederick Snyder</b>	
STREET ADDRESS <b>8607 ROBERTS DR., STE 100</b>		1.3 STREET ADDRESS <b>757 N. Eldridge</b>	
CITY-ST-ZIP <b>ATLANTA GA</b>		1.4 CITY-ST-ZIP <b>Houston, TX 77079</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WISNIEWSKY, RICHARD L.</b>		2.2 NAME	
STREET ADDRESS <b>8607 ROBERTS DR., STE 100</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTA GA</b>		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HELY, BOB</b>		3.2 NAME	
STREET ADDRESS <b>3251 S.W. 1ST TERR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OLSON, WILLIAM H.</b>		4.2 NAME	
STREET ADDRESS <b>757 N. ELDRIDGE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOUSTON TX 77079</b>		4.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STEVENS, JOYCE C</b>		5.2 NAME <b>John J. Givens</b>	
STREET ADDRESS <b>8607 ROBERTS DR., STE. 100</b>		5.3 STREET ADDRESS <b>8607 Roberts Dr.</b>	
CITY-ST-ZIP <b>ATLANTA GA</b>		5.4 CITY-ST-ZIP <b>Atlanta, GA 30350</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOWLAND, JAMES H JR.</b>		6.2 NAME	
STREET ADDRESS <b>8607 ROBERTS DR., STE. 100</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTA GA</b>		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE  **WILLIAM H. OLSON** APR 15 1997 281-870-8100

\_\_\_\_\_  
 SIGNATURE (NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)