

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address
ATTN: BARBARA L. BIER
3003 BUTTERFIELD RD.
OAK BROOK IL 60521-1107
US

3. Date Incorporated or Qualified **03/30/1964** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business 21 3003 Butterfield Road Suite, Apt. #, etc.	2a. Mailing Address 26 3003 Butterfield Road Suite, Apt. #, etc.	4. FEI Number 59-1094518	Applied For Not Applicable
22 City & State 23 Oak Brook, IL	27 City & State 28 Oak Brook, IL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 60521 25 Country DuPage	29 Zip 60521 30 Country DuPage	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT 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	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Assistant Secretary
NAME	O'CONNOR, JAMES E	1.2 NAME	Jeffrey C. Everett
STREET ADDRESS	3003 BUTTERFIELD RD.	1.3 STREET ADDRESS	3003 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL	1.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	VPD	2.1 TITLE	
NAME	FERGUSON, STEVEN D	2.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	BIER, BARBARA L	3.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	FERGUSON, STEVEN D	4.2 NAME	
STREET ADDRESS	3003 BUTTERFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: **Jeffrey C. Everett** 1-17-97

CR2E034 (9/96)