

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

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May 07, 1999 8:00 am
Secretary of State

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06-43573

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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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				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, J F	1.2 NAME	
STREET ADDRESS	757 N ELDRIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISNIEWSKY, RICHARD L.	2.2 NAME	Gerald K. Burger
STREET ADDRESS	8607 ROBERTS DR.,STE 100	2.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELY, BOB	3.2 NAME	Hugh J. Dillingham, III
STREET ADDRESS	3251 S.W. 1ST TERR.	3.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSON, WILLIAM H.	4.2 NAME	Edward C. Norwood
STREET ADDRESS	757 N. ELDRIDGE	4.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
CITY-ST-ZIP	HOUSTON TX 77079	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIVENS, JOHN J	5.2 NAME	Ronald E. Long
STREET ADDRESS	8607 ROBERTS DR	5.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWLAND, JAMES H JR.	6.2 NAME	Eileen B. Schuler
STREET ADDRESS	8607 ROBERTS DR., STE. 100	6.3 STREET ADDRESS	757 N. Eldridge, Houston, TX 77079
CITY-ST-ZIP	ATLANTA GA	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)