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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 # 240165 (1)
 1. Corporation Name
WASTE MANAGEMENT OF ORLANDO, INC.



Principal Place of Business Mailing Address

C/O WASTE MANAGEMENT INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521
US

C/O WASTE MANAGEMENT INC
3003 BUTTERFIELD RD
OAK BROOK IL 60521-1107
US

2. Principal Place of Business 2a. Mailing Address

21 3003 Butterfield Road 26 3003 Butterfield Road

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 Oak Brook, IL 28 Oak Brook, IL

Zip Country Zip Country

24 60521 25 DuPage 29 60521 30 DuPage

3. Date Incorporated or Qualified 3a. Date of Last Report

09/01/1960 04/09/1996

4. FEI Number Applied For

59-0931898 Not Applicable

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

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 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BIER, BARBARA J	
STREET ADDRESS	3003 BUTTERFIELD ROAD	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	STEVENSON, RICHARD G	
STREET ADDRESS	500 CYPRESS CREEK RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OCONNOR, JAMES E.	
STREET ADDRESS	500 CYPRESS CREEK RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen D. Ferguson	
1.3 STREET ADDRESS	3003 Butterfield Road	
1.4 CITY-ST-ZIP	Oak Brook, IL 60521	
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey C. Everett	
2.3 STREET ADDRESS	3003 Butterfield Road	
2.4 CITY-ST-ZIP	Oak Brook, IL 60521	
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Van Gessel	
3.3 STREET ADDRESS	3003 Butterfield Road	
3.4 CITY-ST-ZIP	Oak Brook, IL 60521	
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		

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 a 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 address.

SIGNATURE



CP2E034 (9/96)