
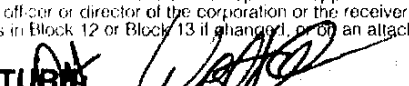


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 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 # 833892 (3) 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 77079-4435	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 02/26/1975		3a. Date of Last Report 05/01/1996	
4. FEI Number 74-1819238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 C T 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 Sign in ink, specify 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 P NAME CLARK, NEIL JR STREET ADDRESS 8807 ROBERTS DR., STE 100 CITY-ST-ZIP ATLANTA GA <input checked="" type="checkbox"/> DELETE	1.1 TITLE President 1.2 NAME J. Frederick Snyder 1.3 STREET ADDRESS 757 N. Eldridge 1.4 CITY-ST-ZIP Houston, TX 77079 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WISNIEWSKY, RICHARD L. STREET ADDRESS 8807 ROBERTS DR., STE 100 CITY-ST-ZIP ATLANTA GA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME HELY, BOB STREET ADDRESS 3251 S.W. 1ST TERR. CITY-ST-ZIP FT. LAUDERDALE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME OLSON, WILLIAM H. STREET ADDRESS 757 N. ELDRIDGE CITY-ST-ZIP HOUSTON TX 77079 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	VP John J. Givens 8607 Roberts Dr. Atlanta, GA 30350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME STEVENS, JOYCE C STREET ADDRESS 8807 ROBERTS DR., STE. 100 CITY-ST-ZIP ATLANTA GA <input checked="" type="checkbox"/> DELETE	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V NAME DOWLAND, JAMES H JR. STREET ADDRESS 8807 ROBERTS DR., STE. 100 CITY-ST-ZIP ATLANTA GA <input type="checkbox"/> DELETE	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 		WILLIAM H. OLSON APR 15 1997 281-870-8100	

CR2E034 (9/96)