

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000000139 (6)**  
1. Corporation Name  
**WASTE MANAGEMENT SERVICES OF FLORIDA, INC.**



Principal Place of Business: **Carrie L. Cozzi**  
ATTN: ~~BARBARA L BIER~~  
3003 BUTTERFIELD ROAD  
OAK BROOK IL 60521

Mailing Address: **Carrie L. Cozzi**  
ATTN: ~~BARBARA L BIER~~  
3003 BUTTERFIELD ROAD  
OAK BROOK IL 60521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/07/1993**

4. FEI Number  
**36-3846353**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'CONNOR, JAMES E</b>	1.2 NAME	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL 60521</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, STEVEN D</b>	2.2 NAME	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL 60521</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>BIER, BARBARA-L</b></del>	3.2 NAME	<b>Carrie L. Cozzi</b>
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL 60521</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, STEVEN D</b>	4.2 NAME	
STREET ADDRESS	<b>3003 BUTTERFIELD RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL 60521</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Carrie L. Cozzi*

CR2E034 (10/97)