

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17976 (2)

1. Corporation Name
BROWNING-FERRIS INDUSTRIES OF ALABAMA, INC.



Principal Place of Business PO BOX 10104 BIRMINGHAM AL 35221 US	Mailing Address 757 NORTH ELDRIDGE HOUSTON TX 77078-4435
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/10/1988	3a. Date of Last Report 04/18/1996
22	27	4. FEI Number 63-0391412	Applied For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1201 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
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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, J F	
STREET ADDRESS	580 WESTLAKE PARK BLVD	
CITY - ST - ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLSON, WILLIAM H	
STREET ADDRESS	757 N. ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX 77079	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BURGER, GERALD K	
STREET ADDRESS	757 N. ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX 77079	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LONG, RONALD E	
STREET ADDRESS	757 N. ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX 77079	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHULER, EILEEN B	
STREET ADDRESS	757 N ELDRIDGE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAICHENDT, JOHN G	
STREET ADDRESS	580 WESTLAKE PARK BLVD.	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY - ST - ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
6.2	NAME	Hugh J. Dillingham, III
6.3	STREET ADDRESS	757 N. Eldridge
6.4	CITY - ST - ZIP	Houston, TX 77079

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** **4/22/97** **281-870-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)