

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P33461 (5)**  
1. Corporation Name  
**BFI MEDICAL WASTE SYSTEMS SOUTHEAST, INC.**



Principal Place of Business: **8607 ROBERTS DR. ATLANTA GA 30350 US**  
Mailing Address: **757 N. ELDRIDGE HOUSTON TX 77079 US**

3. Date Incorporated or Qualified: **04/08/1991**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **58-1750575**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1201 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, NEIL H., JR.</b>	
STREET ADDRESS	<b>8607 ROBERTS DRIVE, #100</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STONE, WALTER W, JR</b>	
STREET ADDRESS	<b>757 N. ELDRIDGE</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, JOYCE C</b>	
STREET ADDRESS	<b>8607 ROBERTS DRIVE, SUITE 100</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WISNIEWSKY, RICHARD L.</b>	
STREET ADDRESS	<b>8607 ROBERTS DRIVE, #100</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, LARRY</b>	
STREET ADDRESS	<b>8607 ROBERTS DRIVE, #100</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>HIRVELA, HENRY L</b>	
STREET ADDRESS	<b>757 N. ELDRIDGE</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Olson, William H.</b>
2.3 STREET ADDRESS	<b>757 N. Eldridge</b>
2.4 CITY-ST-ZIP	<b>Houston, TX 77079</b>
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	<b>700001808767</b>
4.4 CITY-ST-ZIP	<b>-05/06/96--01029--006</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Long, Ronald E.</b>
6.3 STREET ADDRESS	<b>757 N. Eldridge</b>
6.4 CITY-ST-ZIP	<b>Houston, TX 77079</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* APR 25 1996 William H. Olson/Vice President 713 870 8100

CR2E034 (12/95)

5-1-96  
[Signature]