

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 # **S83985** (9)

1. Corporation Name

BFI DISPOSAL SYSTEMS OF FLORIDA, INC.



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

3. Date incorporated or Qualified: **10/01/1991**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **58-1965230**
Applied For: 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 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: _____ DATE: _____
(S) (S) Registered Agent signature required when renewing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, GERALD K	1.2 NAME	
STREET ADDRESS	757 N ELDRIDGE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLAND, JAMES H JR.	2.2 NAME	
STREET ADDRESS	8607 ROBERTS DR., STE. 100	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNIEWSKY, RICHARD L	3.2 NAME	
STREET ADDRESS	8607 ROBERTS, DR., STE. 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, NEIL H. JR.	4.2 NAME	
STREET ADDRESS	8607 ROBERTS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, WALTER W. JR.	5.2 NAME	Olson, William H.
STREET ADDRESS	757 N. ELDRIDGE	5.3 STREET ADDRESS	757 N. Eldridge
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	Houston, TX 77079
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DEAN	6.2 NAME	
STREET ADDRESS	8607 ROBERTS DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	6.4 CITY - ST - ZIP	

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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: *William H. Olson* APR 25 1996 William H. Olson/VP 713 870 8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Printed

CR2E034 (12/95)