

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
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DOCUMENT # S83985 (9)
 1. Corporation Name
BFI DISPOSAL SYSTEMS OF FLORIDA, INC.



Principal Place of Business 8807 ROBERTS DR. ATLANTA GA 30350 US	Mailing Address 757 N ELDRIDGE HOUSTON TX 77079-4435
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1991	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1965230		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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 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	85 Zip Code FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DOWLAND, JAMES H JR.	2.2 NAME	
STREET ADDRESS	8807 ROBERTS DR., STE. 100	2.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP WISNIEWSKY, RICHARD L	3.2 NAME	
STREET ADDRESS	8807 ROBERTS, DR., STE. 100	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA BG	3.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P CLARK, NEIL H. JR.	4.2 NAME	President
STREET ADDRESS	8807 ROBERTS DRIVE	4.3 STREET ADDRESS	Hugh J. Dillingham, III
CITY- ST- ZIP	ATLANTA GA	4.4 CITY- ST- ZIP	757 N. Eldridge
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V OLSON, WILLIAM H.	5.2 NAME	
STREET ADDRESS	757 N. ELDRIDGE	5.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77079	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BROWN, DEAN	6.2 NAME	
STREET ADDRESS	8807 ROBERTS DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	6.4 CITY- ST- ZIP	

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)