

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

**FILED**  
**Feb 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # F95000002692 (0)**

1. Corporation Name  
**MADSEN/BARR-ALLWASTE, INC.**



Principal Place of Business: **5151 SAN FELIPE, STE 1600 HOUSTON TX 77056**  
 Mailing Address: **5151 SAN FELIPE, STE 1600 HOUSTON TX 77056-3609**

3. Date Incorporated or Qualified: **06/02/1995**      3a. Date of Last Report: **03/27/1996**  
 4. FEI Number: **76-0469163**      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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, STE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 B1 Name: \_\_\_\_\_  
 B2 Street Address (P. O. Box Number is Not Acceptable): \_\_\_\_\_  
 B3 \_\_\_\_\_  
 B4 City: \_\_\_\_\_ FL B5 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLICHER, CURTIS C	
STREET ADDRESS	5151 SAN FELIPE, STE 1600	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MADSEN, ROBERT H	
STREET ADDRESS	1117 NW 55TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARR, JOHN	
STREET ADDRESS	1117 NW 55TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAMIREZ, MICHAEL W	
STREET ADDRESS	5151 SAN FELIPE, STE 1600	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DARREN	
STREET ADDRESS	5151 SAN FELIPE, STE 1600	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FIEDLER, WILLIAM L	
STREET ADDRESS	5151 SAN FELIPE, STE 1600	
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	See
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Attached
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), Florida Statutes. I further certify that the information contained 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, unchanged, or on an attachment with an address.

SIGNATURE: *Colleen M. Rooney* Colleen Rooney 1-22-97 (713) 625-7116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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**William L. Fiedler**

Primary: 5151 San Felipe, Suite 1600  
Address: Houston, TX 77056-3609

**Secretary**

**T. Wayne Wren**

Primary: 5151 San Felipe, Suite 1600  
Address: Houston, TX 77056-3609

**Treasurer**

**Colleen M. Rooney**

Primary: 5151 San Felipe, Suite 1600  
Address: Houston, TX 77056-3609

**Assistant Secretary**