

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

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95 APR 10 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 357432 (4)

1. Corporation Name  
**PRISM INTEGRATED SANITATION MANAGEMENT, INC.**

Principal Place of Business Mailing Address

8300 EXECUTIVE CENTER DRIVE SUITE 400 MIAMI FL 33166-7710

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2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 12/31/1969 3a. Date of Last Report 07/12/1994

4. FEI Number 59-1278248 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, W J	1.2 NAME	
STREET ADDRESS	1525 HOWE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	RACINE WI	1.4 CITY - ST - ZIP	
TITLE	VPTC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUCHARA, MICHAEL J	2.2 NAME	
STREET ADDRESS	8300 EXE CTR DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLLWRAITH, IAN	3.2 NAME	
STREET ADDRESS	8300 EXE CTR DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELASKI, DAVE	4.2 NAME	DELETE
STREET ADDRESS	8300 EXE CTR DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JR F	5.2 NAME	
STREET ADDRESS	1525 HOWE ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	RACINE WI	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, T W	6.2 NAME	
STREET ADDRESS	1525 HOWE ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	RACINE WI	6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Michael J Chuchara MICHAEL CHUCHARA 3/30/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR