

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **357432** (4)
1. Corporation Name
PRISM INTEGRATED SANITATION MANAGEMENT, INC.



Principal Place of Business: **8300 EXECUTIVE CENTER DRIVE SUITE 400 MIAMI FL 33166-7710**
Mailing Address: **8300 EXECUTIVE CENTER DRIVE SUITE 400 MIAMI FL 33166-7710**

3. Date Incorporated or Qualified: **12/31/1969**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-1278248**
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 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.02 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	1. TITLE	President, Director
NAME	FREUND, W J	12 NAME	Bello, Paulo
STREET ADDRESS	1525 HOWE ST	13 STREET ADDRESS	8300 Executive Center Drive
CITY-STATE-ZIP	RACINE WI	14 CITY-STATE-ZIP	Miami, FL 33166
TITLE	VPTC	2. TITLE	Director
NAME	CHUCHARA, MICHAEL J	22 NAME	Callewaert, D.A.
STREET ADDRESS	8300 EXE CTR DR	23 STREET ADDRESS	1525 Howe Street
CITY-STATE-ZIP	MIAMI FL	24 CITY-STATE-ZIP	Racine, WI 53403
TITLE	SVP	3. TITLE	Director
NAME	MCLLWRAITH, IAN	32 NAME	Houselander, D.A.
STREET ADDRESS	8300 EXE CTR DR	33 STREET ADDRESS	1525 Howe Street
CITY-STATE-ZIP	MIAMI FL	34 CITY-STATE-ZIP	Racine, WI 53403
TITLE	S	4. TITLE	Secretary
NAME	SMITH, JR F	42 NAME	Mekeel, S. L.
STREET ADDRESS	1525 HOWE ST	43 STREET ADDRESS	1525 Howe Street
CITY-STATE-ZIP	RACINE WI	44 CITY-STATE-ZIP	Racine, WI 53403
TITLE	AT	5. TITLE	Vice President
NAME	MOSER, T W	52 NAME	Vassar, Brian
STREET ADDRESS	1525 HOWE ST	53 STREET ADDRESS	8300 Executive Center Dr.
CITY-STATE-ZIP	RACINE WI	54 CITY-STATE-ZIP	Miami, FL 33166
TITLE		6. TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 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 trustee or trustee-in-trust 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 as an attachment with an address.

SIGNATURE: *T.W. Moser* T. W. Moser, Assistant Treasurer 5/21/96 (414) 260-2231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Last Name, First Name, Middle Initial)

CR2E034 (12/95)