

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

**FILED**

**May 07 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 # **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 33166-4680**

3. Date Incorporated or Qualified: **12/31/1969**  
3a. Date of Last Report: **05/30/1996**  
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

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  
1200 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 City: 84 Zip Code: **FL** 85

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: <b>CEOC</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>CEOC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FREUND, W J</b>		1.2 NAME: <b>CREASMAN, KEN</b>	
STREET ADDRESS: <b>1525 HOWE ST</b>		1.3 STREET ADDRESS: <b>1525 HOWE STREET</b>	
CITY-ST-ZIP: <b>RACINE WI</b>		1.4 CITY-ST-ZIP: <b>RACINE, WI 53403</b>	
TITLE: <b>VPTC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CHUCHARA, MICHAEL J</b>		2.2 NAME: <b>PARRA, MIMI</b>	
STREET ADDRESS: <b>8300 EXE CTR DR</b>		2.3 STREET ADDRESS: <b>8300 EXECUTIVE CTR. DR., STE 400</b>	
CITY-ST-ZIP: <b>MIAMI FL</b>		2.4 CITY-ST-ZIP: <b>MIAMI, FL 33166</b>	
TITLE: <b>SVP</b>	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MCLLWRAITH, IAN</b>		3.2 NAME:	
STREET ADDRESS: <b>8300 EXE CTR DR</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		3.4 CITY-ST-ZIP:	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MEKEEL, S. L.</b>		4.2 NAME:	
STREET ADDRESS: <b>1525 HOWE STREET</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>RACINE WI</b>		4.4 CITY-ST-ZIP:	
TITLE: <b>AT</b>	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MOSER, T W</b>		5.2 NAME:	
STREET ADDRESS: <b>1525 HOWE ST</b>		5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>RACINE WI</b>		5.4 CITY-ST-ZIP:	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BELLO, PAULO</b>		6.2 NAME:	
STREET ADDRESS: <b>8300 EXECUTIVE CENTER DRIVE</b>		6.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI FL</b>		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: *Mimi Parra* **SIGNATURE REQUIRED** *4/25/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0225845

CR2E034 (9/96)