

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825304** (9)
1. Corporation Name
THE PROSPECT COMPANY



Principal Place of Business: **ONE TOWER SQUARE C/O CORPORATE TAX - 5PB HARTFORD CT 06183-8190**
Mailing Address: **ONE TOWER SQUARE C/O CORPORATE TAX - 5PB HARTFORD CT 06183-8190**

3. Date Incorporated or Qualified: **11/02/1970**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **51-0099394**
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, 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; 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

Signature of Registered Agent (if not a Director or Officer)

Signature of Agent's Signature (if not a Director or Officer)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: GILLIS, LAWRENCE STREET ADDRESS: 63 KNOLLWOOD DR CITY, ST, ZIP: GLASTONBURY CT	<input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: SPROULS, JOSEPH STREET ADDRESS: 18 HENLEY WAY CITY, ST, ZIP: AVON CT	<input type="checkbox"/> DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP NAME: GRAVES, DAVID C STREET ADDRESS: 24 WILLIAMS WAY CITY, ST, ZIP: TOLLAND CT	<input checked="" type="checkbox"/> DELETE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: CRISPIN, ROBERT W. STREET ADDRESS: 45 LONG VIEW ROAD CITY, ST, ZIP: AVON CT	<input checked="" type="checkbox"/> DELETE	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: FOLEY, RONALD E. J. STREET ADDRESS: 43 BANBURY LANE CITY, ST, ZIP: WEST HARTFORD CT	<input type="checkbox"/> DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: SPROULS, JOSEPH W. STREET ADDRESS: 18 HENLEY WAY CITY, ST, ZIP: AVON CT	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mertham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (203) 954-8138
Date Date

PS 2-29-96